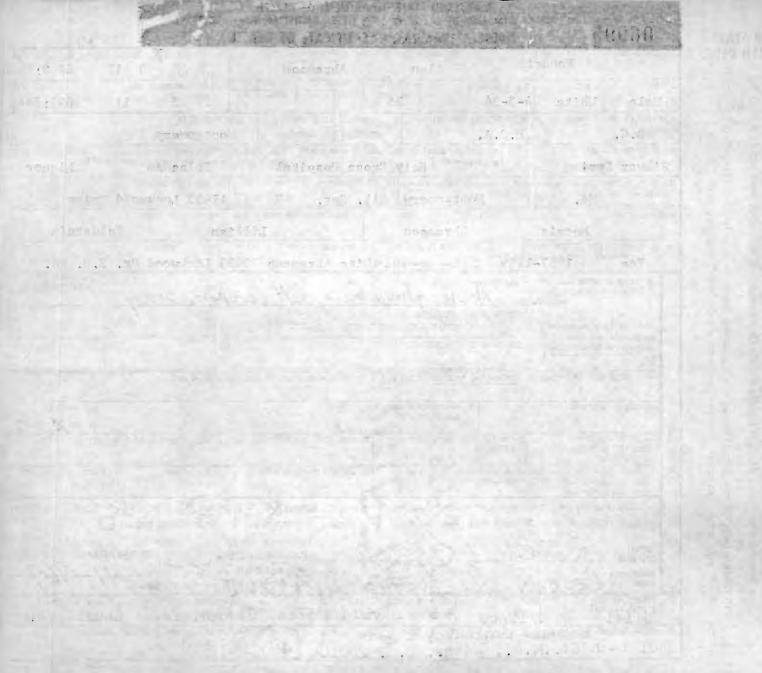
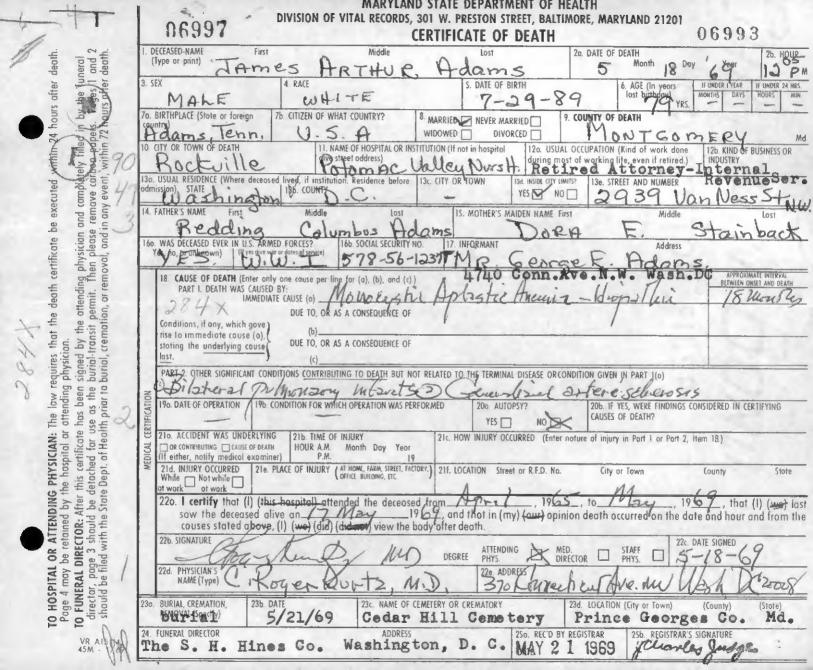
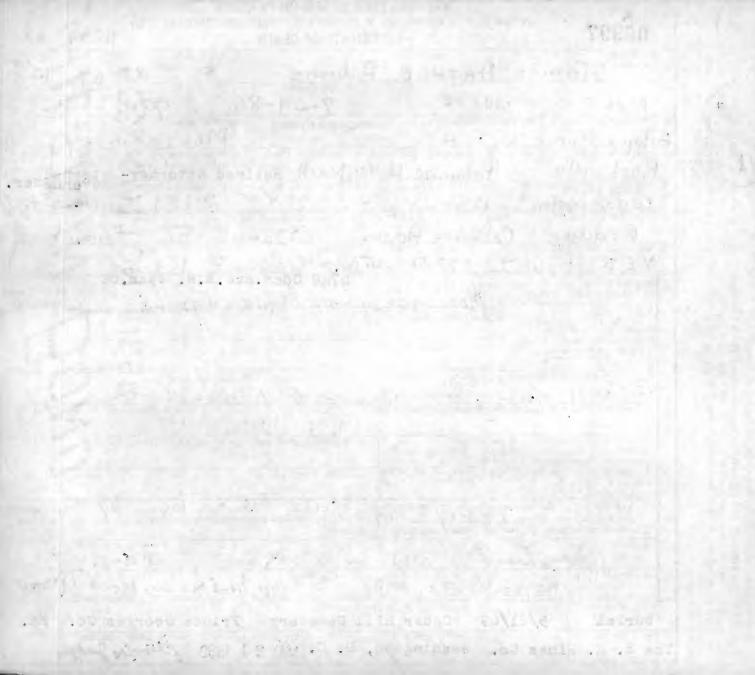
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ccal examiner: execute the certifur. Page 4 should at Page 4 should at your files. cfor: Page 3 shou burial, crematian,	ME	21d. INJURY OCC WHILE NO AT WORK A		LACE OF INJURY (, tary, affice buildin		street,	21f. LOCATION	Street ar R.F.	D. Na.	City o	nwoT 1c		County	Stote
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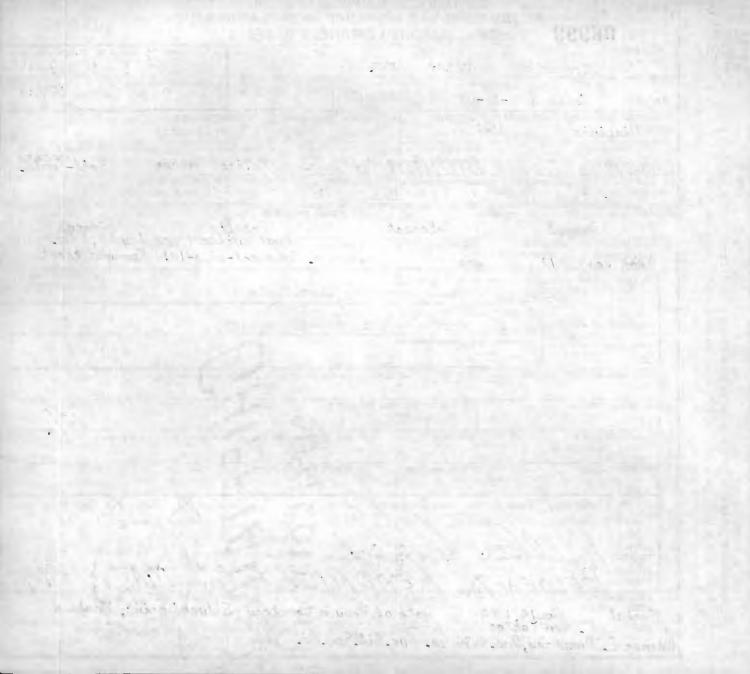


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and co	14.	FATHER'S NAME Fir	st	Middle	Lost	15	MOTHER'S MAID	EN NAME First		Middle		Last
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The affe has has the pr	THE						YES 🗆	NO Z		OF DEATH?		
ar a		21a, ACCIDENT WAS U				21c. HC		RRED (Enter na	ture of injury	in Part 1 or Part 2, 1	Item 18.)	
d to defend	MEDICAL	OR CONTRIBUTING CA		HOUR A.M. P.M.	Manth Day Year	,						
PHY ne ha his c	W	21d. INJURY OCCURRED While Not while of work at work	21e. P		AT HOME, EARM, STREET, EA DEEICE BUILDING, ETC.	GORY,) 21f. LO	CATION Street of	or R.F.D. No.	City o	r Town	County	State
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TO HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 shauld be filed		NAME (Type)	MYR	ON LEN	KIN		and the bitter		- 11			
HOS FUN FUN Caufe	23a.	BURIAL, CREMATION,	23b. D/	ATE	23c. NAME OF	CEMETERY OR	CREMATORY	1 2	3d. LOCATION	(City ar Town)	(County)	(State)
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VR A15 (4)	134	FUNERAL DIRECTOR	An.	well Si	Wer Spri	na Ma	ruland 25	Sa. REC'D BY R		25b. REGISTRAR'S		
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	il and the second	100 March 100 Ma

6-1 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06995 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE KNOWNES Year 2b. HOUR (Type or Print) OF EST1-Arbogast Walter 169 Frederick 0 DEATH MATED 6. AGE (In years IF UNDER 1 YEAR 4. RACE IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH DATE PRONOUNCED DEAD and Day P.M.3. e State Departme 7-14-04 Year White Male YRS 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9. COUNTY OF DEATH Virginia Montgomery within 24 haurs after death pencil in Item 18. Give Pages 1, WIDOWED | DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane A WashSan during most of working life even if retired.) Self-Empla with.# Office alang 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER death 1414 Kanawaha /St 13b. COUNTY Langley Pk YES NO T Jand 2 after 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME Middle Last Arboaast Januel the Chief Medical Examiner's pages hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Lucy H. Arbogast-wife-1414 Kanawha Street (Yes no os upknown) File APPROXIMATE INTERVAL b≡ executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute coronary insufficiency pending IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Coronary artery heart disease Canditians, if any, which gave rise to immediate cause (a). This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 0 remayal. used 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO [] please execute the certificate. 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 3 should PR!MARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street of R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, 220. I certify that I took charge of the remains described obove, held on Autopsy Inspection and in my opinion Inquiry Acident Notural couses X deoth resulted from: Suicide Homicide CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER **EXAMINER'S** may 5 may 70 FUNE Health 23a. BURIAL CREMATION Gate of Heaven Cemetery REMOVAL May 1969 24 FUNERAL DIRECTOR . Glen Carter Offen Cottopress Warner E. Pumphrey, Inc. 8434 Ga. Ave. Sil. Spg. Md. 256.

MAKTLAND STATE DEPARTMENT OF HEALTH





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		AMART	DIVISION	OF VITAL RECORDS	5, 301 W. PI	RESTON STREET, B	ALTIMORE,	MARYLAND 2	1201		
		07001			CERTIFIC	ATE OF DEAT	Н			0699	7
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hiffi val		es, no, or unknown) ( tyes go		577-01-6	728A B	coordotex		150	PERSON	Tue. S	h.Pk.
and		1B. CAUSE OF DEATH (Enter	an y one cause p	er line far (a), (b), and (	() /	,	A			APPROX MAT BETWEEN ONSE	E INTERVAL
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the haspital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physician are 3 should be defached far use as the burial-transit permit. Then please red with the State Dept. af Health priar to burial, cremation, ar remayal, and in	П	FAKE 2 OTHER SIGNIFICANT C	נייטווועאט <u>ניטווו</u>	KIBUTING TO DEATH BUT	NUL KELATED 10	THE TERMINAL DISEASE	OKTOMOTHON	GIVEN IN PAKE I	0]		
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The Base of the Company of the Paris of the	CERT, F, CATION		110		1		23				
AN: al o ar Hea		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF D	ING 215 TW	NE OF NLURY N.M. Month Day Yea	21c. HO	W INJURY OCCURRED (	Enter nature o	if injury in Part 1 o	er Port 2, Iter	n 18.)	
音楽	■ED1CAL	(if either, notify medical example)	niner) P	P.M.	19						
HYS has profice		21d INJURY OCCURRED 21 While Not while	e PLACE OF INJU	IRY ( AT HOME FARM, STREET, I	ACTORY.) 211 LO	CATION Street or R.F.D	Na.	City or Town		Caunty	State
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Signature of the state of the s			ve, (+) (we) (q	(and not) yiew the	body after d	eoth.					
× Tet Tet With With State Page 1		3/b SIGNATURE . ha	Timb	Much	IN	ATTENDING	MED	STAFF C	22c DA1	TE SIGNED	10,
Page Be ed		1186	win	MAN	DEGRI	E PHYS.	DIRECTOR	PHYS. L	1 /2	In,	
AL AL Pog		22d PHYSICIAN S NAME (Type)	C By	Wind N	anse	22a ADDRESS	GI I	NIL	(	6/14/	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health prior to		PONI	2 1011	west by	111-5	102,01	00001	01-1	. 0		
FUS BE	23a	DESCRIPTION AND LAS	DATE	23c NAME O	F CEMETERY OR			CATION (City or To			(State)
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: 1	$\mathbf{I}_{s}^{\mathrm{I}t}$			AIE DEPARTMENT OF HEAL V. PRESTON STREET, BALTIMOR		
FOR STATE		โกซักก็2		NER'S CERTIFICATE OF		06998
HEALTH DEPT.			st Middle	Last	20 DATE KNOWN Mont	Th Doy Year 2b. HOUR
v 0 8 7 70		Type or Pant) Jose	eph	Athey	OF ESTI- DEATH MATED \$ 5-	- 1 1969 6105 A
deloy 3 3 y	3 5				DER 24 HRS. 2c DATE PRONOUNCED DEAD	2d HOUR
ap ou de	_	Male Wh.		58 YRS	5 1.00	Year 169 6:054
De De	7a 100	BIRTHPLACE (State or foreign Md.	US	8 MARRIED NEVER MARRIED	_	
ith ges rote	10	ITY OR TOWN OF DEATH		WIDOWED DIVORCED D  R INSTITUTION (II not in hospital 1)20	Montgomery  o USUAL OCCUPATION (Kind of work done	e 12b KIND OF BESINESS OR
with with the Si	1	akoma Park			ring most of working litereven if retired.	
INER: This certificate should be executed within 24 hours after death a certificate, writing the word "pending" in pending in learn 18 Give Pages 1, should be forwarded to the Chief Medical Examinate Office along with form files.  3 should be used as a burial-transit permit. File pages Tand 2 with the State Denation, or removal, and in any event within 72 hours offer death.	130	USUAL RESIDENCE (Where dece dmission) STATE MG	ased ived, I institut an Residence be		CITY LM TS? 13e STREET AND NUMBER	
ad 2	$\vdash$	ATHER'S NAME First	Middle /	os† [15, MOTHER'S MAIDEN NA		orlage Ma.
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hin 24 hin 24 hours o		WAS DECEASED EVER N L S ARMEI	FORCES? 165 SOCIAL SECUR		ADDRESS	11, 1101109
with n percentage Exemple File p		es, na, ar tipknown) (If yes gr	ve wer or dates of service)	Mr. Roy J. A	they (brother)	
al E		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" in Medical E permit. I			DIATE CAUSE (o) ACUCE	coronary insuffi	Leiency	
e ex pend ef M ef M		7 7 a X Canditians, Lany, which gave	DUE TO, OR AS A CONSEQUENCE	FOF o marked pulmona:	nt emphicama	
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should be e ne word "per to the Chief I burial transit I in ony even		last.	(6)			
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Execution Part of For Tok: burial,		//		ribed above, held an Autapsy		
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0 5 ± 2 0 ±	230	BURIAL, CREMATION 23 REMOVAL (Specify)	DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Store)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06999 CERTIFICATE OF DEATH Middle 2o. DATE OF DEATH DECEASED NAME Lost requires that the death certificate be executed within 24 hours after and Doy 30 Year 69 Month 35 (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF JNDER TYEAR IF UNDER 24 HRS. d completely filled in by the fundave carbon papers. Pages 1 may event, within 72 hours after White Female losiconthday) 8 August 1901 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State ar foreign B. MARRIED A NEVER MARRIED country) Virginia Montgomery **USA** DIVORCED [ WIDOWED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give Or Woodacres Dr. Bethesda Home 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 136. INSIDE CITY LIM TS7 13e. STREET AND NUMBER odmissian) STATE 13b COUNTYMontgomery Bethesda 6015 Woodacres Drive YES X NO | please remaye 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Lost Elizabeth В. Finkler William Henry Landon 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no b whknawn (11 yes give war or dates of sen 165 SOCIAL SECURITY NO 579-58-3533 Address Millard B. KKX BAMBER above address (If yes give war or dates of service) burial, cremation, or remayal, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the of Health priar to O FUNERAL DIRECTOR: After this certificate has been 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 for use 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this hospital) attended the deceosed from \_\_\_\_\_\_, 1948, to \_\_\_\_\_\_, 1969, that (I) (we) last saw the deceased alive on \_\_\_\_\_\_\_, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 shauld should be filed with the couses stated abave, (I) (we) (did) (did not) view the bady ofter death 22b. SIGNATURE ATTENDING DIRECTOR TO HOSPITAL 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY
Parklawn cemetery 23d LOCATION (City or Town) 23b. DATE 230, BURIAL, CREMATION, (County) Hampton, Virginia THE MALKAL (We all A) 6/2/69 <sup>24</sup> FUNERAL DIRECTOR A. Pumphrey Bethesda, Md. VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07600 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DECEASED NAME First Middle Last 20. DATE KNOWN 2b HOUR Month Day Year (Type or Print) ESTI delay ) nd 3 to Page OF WILLIAM RUSSELL DEATH MATERIA 6910 m5 BARK 4 RACE 6 AGE (In years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH 2d HOUR ny del( 2, and PM3 | MONTHS Day 3 2/13/80 8 9ks 19 6910:55 White Male To BIRTHPLACE X YOR OF FIFTHING OF 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Item 18. Give Rages 1, Office along with form Hanover County DIVORCED Montgomery Stote 12g. USUA, OCCUPATION (Kind of work done 10 City OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address)
Holy Cross Hospital during most of work ng ife, even if ref red)
paper hanger INDLSTRY Silver Spring 13d, INSIDE CITY UNITS? 13e STREET AND NUMBER deoth 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN and 2 with odmission) STATE 13b COUNTY in Item 1 offer 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME William N. Barker Wirginia H. Gibson should be forworded to the Chief Medical Examiner's hours poges 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS executed within (Yes, no, or unknown) (If yes give wor or dates of service) 228-10-4793 File Arcola Ave. Whet niece June APPROX MATE INTERVA within 18. CAUSE OF DEATH (Enter only one cause per I gentar (a), (b), and (c)) BETWEEN ONSET AND DEATH permit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A burial-transit Canditians, if any, which gave rise to immediate cause (a), This certificate should any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 removol CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, þe ö 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21k HOW INJURY OCCURRED (Enter nature of noury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE MOT WHILE I 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian the funerol director. death resulted from: Notural causes Accident Suicide [ Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** O FUNE Health NAME (Type) 23b DATE 23a BUR AL CREMATION 23d LOCATION (City or Town) REMOVAL (Specify) Hollywood Cemetery 1969 Surial 2Sb REG STRAR S SIGNAT 2Sa. REC'D BY REGISTRAR Spring. Maryland VR A15ME (5) 8434 Georgia Avenue 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



					D STATE DEPARTMENT			
			OBOOF DIVI	· ·	301 W. PRESTON STREET, I		ARYLAND 21201	0.000.000
			07005		ERTIFICATE OF DEAT	TH		07001
	± 2-4		CEASED NAME First	Middle	Lost	20 DATE		2b. HOUR
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	fun 1	3. SE		RACE	S DATE OF BIRTH	7	6 AGE ( n years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
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	Fr Fres	-					- above ac	APPROXIMATE INTERVAL
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	attending permit. The	ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAL	JSE (0) Myocar	den Myordi	ers		Roun
	afte afte perm jan,			DUE TO, OR AS A CONSEQUENCE OF		10	*	
	at the state of th		Conditions, if any, which gave a	(b) lerteres	electre Herr	Uls	ease	mars
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10	physician. signed by the burial-transit burial, cremal		PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GI	VEN IN PART 1(g)	
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	Standard /	CERTIFICATION			YES [	NO 🗍 CAU	SES OF DEATH?	
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	A E E E E	MEDICAL	OR CONTRIBUTING (CAUSE OF DEATH (If either, notify medical examiner)	HOUR A.M Month Day Year P.M 15				
	PHYSICIAN: ne haspital ar this certificate efacthed far u Dept. af Heal	ME	21d. INJURY OCCURRED   21e. PLACE		TORY.) 23f LOCATION Street or R.F.	.D No C	ty or Town	Caunty State
	PH his his eta De	ı	While Not while at wark	COPPLEX BUILDING, EIC	1		/	
	ATTENDING stained by th CTOR: After the should be diffith the State	1	22a. I certify that (1) (this has	soitel) attended the decease	ed from 5/26/	1969 to_	5/46 19	67, that (I) (we) last
	d b Afr		22a. I <b>certify</b> that (I) (th <del>is hos</del> saw the deceased alive a causes stated abave, (I)	n 5/26 1	967, and that in (my) (our	r) apinian deatl	accurred on the dat	te and hour and from the
	R ATTENDINI retained by RECTOR: After 3 shauld be with the Stat			( <del>we)</del> (did) (did not) view the	bady after death.			
	MET PER		22b SIGNATURE		ATTENDING CT	or MED _	STAFF 22c. D	ATE SIGNED
	ed Sed		Herselw	Dugey R	1 DEGREE PHYS D	DIRECTOR L	J PHYS, LJ S	46/69
	AL AL POG P		22d PHYSICIANS NAME (Type) WARCED	1. 7/200	22e ADDRESS	C = = = C 1/2	AUA CO	15. 6.1
	SPI 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		NAME (Type) HARCLD	W. ORAPER	9801	GEORGIA		U.F. SPICKY, MIN
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law repage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	23 o	BURIAL, CREMATION, 23b DATE		CEMETERY OR CREMATORY		FION (City or Town)	(Caunty) (State)
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	VR A15 (4) 30M REV, 1/68	24.	FUNERAL DIRECTOR Nalley	s Funeral ADDRESS	me Walthitate	EC'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE
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	MARYLAND SIAIE DEPARIMENT OF HEALTH	***
	07006 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7002
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		Day Year 25. HOUR
e de de	(Type or Prot) MARY. GENE BECKWISH DEATH MATED 5	26 1919/22
1 B m 6	3 SEX 4. RACE DATE OF BIRTH 6 AGE (In years IN CHOPR 1 YEAR FUNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
delay is ond 3 to M3 Page	Jost birthdgy) MONTHS DAYS HOLRS MIN Month Day	Year 1969 12 31
PM3	70 BIRTHPLACE (State or fareign 70 CITIZEN OF WHAT COUNTRY? 8 MARRIED (NEVER MARRIED) 9. COUNTY OF DEATH	1760/ 0 /
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	innaywami ce 214	M
death e Poges with fa		26 KIND OF BUSINESS OR NOUSTRY
a ve	DEMESOR JUDIE DE HOUSEWIFE	Sww Home
s after death 18. Give Pog t along with 2 with the Sta death	3a USUA. RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CTY UM/15? 13e. STREET AND NUMBER	, 1
2 % 6 % 6 % € % 6 % 6 % 6 % 6 % 6 % 6 % 6	odmission) STATE 1/A 13th COUNTY ANDERICE ALEXANDRIA YES NO 1 SOI SUMMIT	17UE.
hours after death them 18. Give Pag Office along with alond2 with the Sta after death	14 FATHER'S NAME First Middle cast IS MOTHER'S MA DEN NAME First Middle	Lost
	Pernell Wolz Cresence	HASKER
	16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT A ADDRESS	1111218518
+ (m-1)	(Yes, no ar unknown) (If yes give wor or dates of service) Roland A. Beckwith Same	G0 #13
		APPROXIMATE INTERVAL
be executed "pending" in the Medical Engit permit. Fevent within	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY MASSIVE intracerebral hemorrhage, spontaneous,	BETWEEN ONSET AND DEATH
ding ding ledi	Tell base Panylia area	10 hours
e execu' perding ef Medic sit perm	DUE TO, OR AS A CONSEQUENCE OF	
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shauld e ward o the Cl ournal-tr	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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is certifiinte, writer farward farward on used on removal.	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a EXTERNAL CAUSE WAS  21b T ME OF IN. JRY Month, Day, Year  21c HOW INJURY OCCURRED (Enter noture of injury a Part 1 or Part 2 Item	20. AUTOPSY?
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- 0 0 I		n 18.)
NER: T certific hould b iles. shauld rtian, ar	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d NURY OCCURRED 121e PLACE OF INJURY (A) home form street 21f 10CATION Street of R.F.D. No. (dv. or Town)	
IN Be c sho sho file file 3 sh		County State
EXAMINER: ute the certi age 4 shauld your files. Page 3 shau	WHILE NOT WHILE AT WORK AT WORK	
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d rector. Population of the po		ong in thy opinior
Se ection in the control of the cont		_
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D DEPUTY The funeral S may be a D FUNERAL Health pri	NAME (Type)  ADDRESS(Street, city, tawn, or county)	
5 = = ~ 5 =	- PEHRYAL (Specify)	Caunty) (State)
		otter Pa.
	24 FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 25b REGISTRAR 5 SI	GNATURE SECRET
¥R A15ME (5) 10M RE¥ 1/68	Francis Gasch's Sons Hyattsville, Maryland DATE OF The Sons Hyattsville, Maryland	0 0



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, #5 15 4 #5.		ECEASED-NAME First (ype or print)		Middle		Lost		DATE OF DEATH Month	Day V	2b. HOUR
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fter e fu es l	3. S	EX	4 RACE		5	DATE OF BIRTH		6 AGE (In years iast birthday)	IF UNDER I YEAR MONTHS DAYS	1F JNDFR 24 HRS HOJRS & MIN
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o pu	14.	FATHER'S NAME First	Middle	Last		OTHER'S MAIDEN	NAME First	Middle		Last
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requires that the deoth certificate be executed within 24 hours after deoth. I signed by the offending physician and completely filled in bushe funeral burial-transit permit. Then please remove corbon papers, pages 1 and 20 burial, cremation, or removal, and in any event, within 72 stours after death.		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIA Conditions, if ony, which gave)	y one cause per line far DIE CAUSE (a)	edio,	Male	fail	une + Auss	Elec Haliaina	BETWEEN ON	ESET AND DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept of Health prior to burial, creating the state of	CERTIFICATION		CONDITION FOR WHICH OP	ERATION WAS PER		20o. AUTOPSY? YES	NO 🛣	20b. IF YES, WERE FIND NO CAUSES OF DEATH?		RTIFYING
ICLAN: pitol or rtificote d for u	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN or contributing cause of deati (If either, notify medical examin	H HOUR A.M. Mor er) P.M.	oth Doy Yeor		INJURY OCCURRED	Enter nature	e af injury in Port I ar Part	1 2, Item 18)	
b PHYS the hos this ce detache e Dept	ME	2 d IN. JRY OCCURRED 21e While Nat while at wark	PLACE OF INJURY (AT HONOUGH CE	ME FARM, STREET FACT BUILDING, ETC.	ORY.) 21f. LOCAT	ION Street or R	FD. No	City or Town	County	State
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OR ATT ne retair IRECTOI of with t		22b. SIGNATURE	- Ely	man	(paget)	ATTENDING PHYS.	MED	STAFF C	22c. DATE SIGNED	
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HOS ge 7 FUN rect	230	BUR AL, CREMATION 23b. D	DATE	23c NAME OF C	EMETERY OR CRE	MATORY	23d	LOCATION (City or Town)	(County)	(State)
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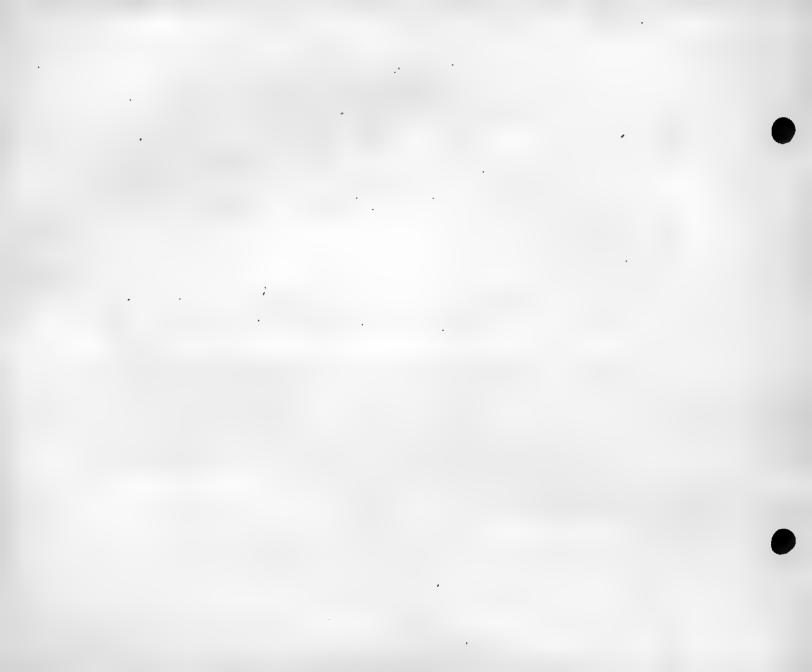
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FOR STATE  07012 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  07008	
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HEALTH DEPT. 1. DECEASED-NAME : Erst Middle Lost 20 DATE KNOWN Month Day Year	2b HOUR
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APPROXIMATE CAUSE OF DEATH (Enter only one cause per une too (a), (b), and (c))  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (a)  DUE TO, OR S A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	SET AND DEATH
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OD AS A CONSEQUENCE OF  DUE TO, OD AS A CONSEQUENCE OF	
Conditions, if any, which gave is to immediate couse (a), (b) Unteresceptic Hearth Dischero	
Conditions, if any, which gave nise to immediate couse (a), stating the underlying cause last (c)  Conditions, if any, which gave nise to immediate couse (a), stating the underlying cause last (c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0)	
190 DATE OF OPERATION 190 DATE OP OPPORT OP	SY?
WAS PERFORMED?  YES [ 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	] NO X
The state of the s	•
PRIMARY OCCURRED   Pown 19  21d IN. JRY OCCURRED   21e PLACE OF INJURY (At home, farm, street),   21f. LOCATION Street or R.F.D. No.   City or Town   County	Stote
220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry , and in	my opinion
deoth resulted from: Notural couses Academ I, Suicide I, Hamicide I, Undetermined manner	
deoth resulted from: Notural couses Academi , Suicide , Homicide , Undetermined manner   ACTUAL SIGNATURE	
SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	10
220. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   Ond in death resulted from: Notural couses   Accident   Suicide   Hamicide   Undetermined manner    ACTUAL SIGNATURE   ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   ADDRESS FROM 1 (REMATION, 235 DATE   235 DATE   235 DATE   236 DATE   2	67
236 BUR AL (REMATION, 23b DATE 23c NAME OF CEMENTRY OR CREMATORY 23d ADCATION (City or Town) (County)	(State)
24 EUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR SIGNATURE	
VRAISME(S) DOUBLES TUDES FRUE 4217-9 Zee MAY 5 1969 LUCALES JUD	En e



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	07013 CERTIFICATE OF DEATH 07009
	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) ALBERT J. BERLIN 2b. HOUR  Magth Day Year  5 16 69
w.one) dealin.	SEX M 4 RACE S DATE OF BIRTH 6. AGE (In years of under 24 Mrs. Months GAYS HOURS MAN YRS.
, Han	BIRTHPLACE (State or foreign U.S.A.   8. MARRIED NEVER MARRIED   9 COUNTY OF DEATH WIDOWED   1 Montg mary Mac
10	Chevy Chase  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Or Spring most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 HOUSTRY  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 HOUSTRY  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 HOUSTRY
evant,	To JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 19 ENT ON 10 MAINE (TY LIMITS? 136 STREET AND NUMBER SILVERS TIFFE XNO STATE Maryland 13b. COUNTY SILVERS TIFFE XNO 8505 Spingdale Rd.
III din	4 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Samuel Berlin Anna Hamberger
ar removal, and in any event, within	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng, gr unkngwn) (If yes give wer or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Address
rremo	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Conclustive for the form of the conclusion of the
atian, ar removal, and in any event, with 77	Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)  A S C L D (anterior active)
of tar use as the burial-transir perr af Health priar ta burial, crematian,	rise to immediate cause (a), stating the underlying cause last.
a buria	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
brid	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Irem 18.)
2	GRECONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
	While Nat while (OFFICE BUILDING ETC.)
s State	22a. I certify that (I) (this hospital) attended the deceosed from 1965, 1965, 1016 Find 1965, that (I) (we) las saw the deceased alive an 1965 and that in (my) (own) opinion death occurred on the date and hour and from the
shaulo with the	courses stated abave, (1) (we) (did) (did net) view the body after death.
director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to	22d ANY STEAMS 22e ADDRESS
uld bi	The broad of the b
200	REMOVAL (Specify 5/18/69 Roosevelt Cemetery Philadelphia, Pa.
5 (4) 7. 1/68	Bernard Danzansky & Sons Wash. D.C. MANY 2 1 1009 COMMAN ADDRESS 3501 14th 256 technology Registrar's SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle Last 20 DATE KNOWN THE (Type or Print) EST1 TERID DEATH MATED 空空 CIT LINDER 24 HRS 3 SEX 4 RACE DATE PRONOUNCED DEAD HOUR 17/189年 Yeor OF WHAT COUNTRY? 70 BIRTHP\_ACE (State or foreign 9 COUNTY OF DEATH MARRIED NEVER MARRIED he certificate, writing the word "pending" in penct in Item 18 Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form WIDOWED [ DIVORCED [ Pennsylvania be executed within 24 hours ofter death 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital ID CEY OR JOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done nog most of working use even if retired) Laundry 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CTY OR JOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 136 COUNTY Washington DCYEST NO [ Conn. Ave.N.W. lond2 ofter 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME M. ddle Agnes Schipe Henry Fermier hours pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (Yes, no, or unknown) -03-8205 Terrence Betteridge - same as above ထ APPROX.MATE INTERVAL within 18 CAUSE OF DEATH (Enter only one cause per ling for, (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) evenf DUE TO, OR AS A CONSEQUENCE OF buriol-fronsit Conditions, if ony, which gove rise to immediate couse (a). should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 1 PART 2 OTHER SGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) removol, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES [ 21o. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b T ME OF IN JRY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE -AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection | and in my apinion death resulted from Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAM NER ACTUAL 22b. DATE SIGNED **SIGNATURE** ADDRESS STEEN sity County County) NAME (Type) 4the 50 BUR AL CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify) Montgomery County, Md. Gate of Heaven buria. 250 REC D BY REGISTRAR FUNERAL DIRECTOR S. H. Hines Co. Washington. VR ALSME (S



- 2/-		J I	07015 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
day	6	"	CERTIFICATE OF DEATH 07611
	≠ -	2 €	1 DECEASED NAME First Middle Last 2a DATE OF DEATH 2b. HOUR
	dea	Päges   and 2	Edith reakt bieldski May as 1969 IP
	fter e fu	es   ufter	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (Intyeors I FUNDER 1 YEAR IF UNDER A HRS. 12 - 1 - 79 13 SEX 14. RACE 15 DATE OF BIRTH 12 - 1 - 79 16 AGE (Intyeors I FUNDER 1 YEAR IF UNDER A HRS. 16 AGE (Intyeors I FUNDER 1 YEAR IF UNDER A HRS. 17 AGE (Intyeors I FUNDER I YEAR IF UNDER A HRS. 18 AGE (Intyeors I FUNDER I YEAR IF UNDER A HRS. 19 AGE (Intyeors I FUNDER I YEAR IF UNDER A HRS. 19 AGE (Intyeors I FUNDER I YEAR IF UNDER A HRS. 19 AGE (Intyeors I FUNDER I YEAR IF UNDER A HRS. 19 AGE (Intyeors I FUNDER I YEAR IF UNDER A HRS. 19 AGE (Intyeors I FUNDER I YEAR IF UNDER A HRS. 19 AGE (Intyeors I FUNDER I YEAR I FUNDER I YE
	y th		C harc
	hou in b	an paper Pages, I a	70 BIRTHPLACE (Stote or foreign 70 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH OUT OF DEATH WIDOWED DIVORCED NOT BE THE WIDOWED DIVORCED NOT BE TH
	n 24 Iled	D II	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital  120. USUAL OCCUPATION (Kind allwark dane 126 KIND OF BUSINESS OR
	executed within 24 hours after death campletely filled in by the funeral	with/	Silver Spring give street oddress) Holy (1055 during most of warking life, even if retired) INDUSTRY
	ecuted with	please remave carban , and in any event, wit	The STAL DESIDENCE (Whole darges addition it including Decidence before 12 CITY OF TOWN 124 OF THE LITTLE AND MILLIAND
	ecut	y ev	1910. I Montgomery Dilver Spring 19 19407 Glenallen Ave 13
7	Car E	mer /	TO MOTHER'S MAILURN NAME (115)
W.	an de	nd ii	16a. WAS DECEASED EVER IN US ARMED FORCES? 16b SOCIAL/SECURITY NO. 17 INFORMANT Address WASIN, D.C.
1/	Tail left	a, o	Yes, na, ar Aknawn) (It yes give war ar dates of service) 215-54-8395 JAMES BIELASKI, SON, 2801 NEW MEXICO AVE.
	he death certifu	transit permit. Then cremation, ar remava	18. CAUSE OF DEATH (Enter any one cause per line for (g), (b), and (c))  APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
My	death Hendin	er e	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pour Cauleur
5	aft de de	permit. ion, ar r	DUE TO, OR AS A CONSEQUENCE OF
Ź	A = =	mati	Conditions, if any, which gave (b) (b)
2	2章 章 ジ	1 5	storing the underlying couse DUE TO, OR AS A CONSEGUENCE OF
Bo	equires the physician signed by	burial burial	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)
V		9 P	Children Comment all his lotenter Country
_	The law re ottending has been	± si b	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
٨		s shauld be detached far use as the with the State Dept. af Health priar ta	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21g. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIRY 121c. HOW INITIRY OCCURRED (Finder nature of mitury in Port 1 or Port 2 them 18.)
0	AN. P	far t Hea	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)  32 OR CONTRIBUTING CAUSE OF DEATH  421 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
V	T is it	t. of	a in emer, nonly medical examiner) 1.m. 19
10	PHYSICIAN: he hospital ar this certificate	be detached State Dept. a	21d. INJURY OCCURRED While Not while at work 1 work
العام	40 ± "	tate	22a. I certify that (1) (this haspital) ottended, the deceased from 12 km, 1969, to 1969, that (1) (we) las
X	END ed k	he S	22a. I certify that (I) (this haspital) attended the deceased from 13 400, 1969, to 2500, 1969, that (I) (we) las saw the deceased alive an 1969, and that in (my) (aur) apinion death accurred on the date and haur and from the couses stated above, (I) (we) (did) (did not) view the body after death.
1	ATTI ertain	shauld	226 GNATURE 1 22c DATE SIGNED
3	OR ATTENDIN be retained by DIRECTOR: Afte	g € 3	Mestern 7. White his DEGREE ATTENDING DIRECTOR D
4	TO HOSPITAL OR ATTENPOSE 4 may be retained to FUNERAL DIRECTOR:	directar, page 3 shauld be filed v	22d. PHYSICIANS NAME (Type) Merton L. White  22e ADDRESS 9911 Georgia Ave. NXXX Silver Spring, Maryland
	IOSF Je 4 UNE	auld	23g BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Z	Page 10 FUN	후.숙	Burial 5-28-1969 Mount Olivet emetery Washington, D.C.
1		VR A15 (4)	24. FUNERAL DIRECTOR  JOSEPH GAWLER'S SON. INC. DORESS  250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  ALAY 2 A 1000  JOSEPH GAWLER'S SON. INC.
	30	M REV 1/68	SI30 WISC. AVE., N. W. WASH., D. C. 20016 DATE AY 28 1969 Juntales years



			07016	DIVISION OF VITAL RECORDS,		BALTIMORE, MARYLAND 21201	07012
	ath all all aftr.	1 D	ECEASED-NAME First	Middle	CERTIFICATE OF DEAT	20. DATE OF DEATH	2b. HOUR
	de de de		JAMES	ENRIVARD	BLACKWOOD	MAY 17	1969 8:55Am
	after fundament	3 5	MALE	4 RACE	5 DATE OF BIRTH	6. AGE (In years lost buthday) 60 YRS	IF UNDER 1 YEAR IF LINDER 24 HRS MONTHS DAYS HOURS MIN
	E E	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	d if	£0£	W. VA.	USA	WIDOWED DIVORCED	MONTGOMERY	M.d.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papels. Toges 1 and 2 should be filled with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.	10.	RETHESDA	11 NAME OF HOSPITAL OR IN 9 ve street address! NAVAL HOSP	STITUTION (If not in hospitol 120 durin	USUAL OCCUPATION (Kind of work doneing most of working life, even if retired.)	12b, KIND OF BUSINESS OR INDUSTRY
	mplete re carb	13o. odm	USUAL RESIDENCE (Where deceose ss on) STATE MARYLAND	d lived, if institution Residence before		CITY MITS? 13e STREET AND NUMBER	1
	y cal		FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NA		lost
	be e			BLACKWOOD	MARGAE		5021
	and		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECURITY			SILVER SPRING,
		'	es, no, or unknown) (If yes give wor	TT 234 44 21	O MRS. MARGARET	P BLACKWOOD, 915 GAB	
	THE DE		IB CAUSE OF DEATH (Enter only	one couse per ne for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	eath indir nit. ar re		PART 1 DEATH WAS CAUSED IMMEDIAT	BY. F CAUSE (6) <b>CARCINOMA</b>	OF LUNG WITH META	ASTASES	LI MONTHS
	affe on,		1621	DUE TO, OR AS A CONSEQUENCE OF			
	the the sit mati		Conditions, if ony, which gove anse to immediate cause (a),	(b)			
	tran crer		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
2	ysic ned rial- rial,		lost	(c)			
0	The law requires the attending physician. has been signed by se as the burial-train the priar ta burial, are	22	PART 2 DTHER SIGNIFICANT CONE	DITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE	E OR CONDITION GIVEN IN PART 1(0)	
1	The law attending has been seen the prior of	CERTIFICATION	190. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPERATION WAS PE	REFORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
,	The The	E				CAUSES OF DEATH?	
	AN: of of cate far t	S IS	210 ACCIDENT WAS UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor	21c HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Port 2, it	em IB.)
	SICI Spirit entities ed	EDIC	(If either, notify medical examine	er) P.M 1	9		
	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u shauld be filed with the State Dept. af Healt		While Not while of work		CTORY.) 27F LOCATION Street or R.F.E.		County State
	OR ATTENDING be retained by the SIRECTOR: After the SI should be do ed with the State		22a. I certify that the (this	haspital) attended the deceas	ed from 9 MAY	19 <u>69</u> , ta <u>I7 MAY</u> , 19_ ) apinian death accurred an the dat	69 , that ( (we) last
	R. A.		causes stated abave.	(we) (did) (XXXXX) view the	bady after death.	) apinian death accurred an the dat	e and haur and fram the
	AT Share Sha		22b. SIGNATURE			/ 22c. D.	ATE SIGNED
	OR DE PER PER PER PER PER PER PER PER PER PE		Vanul.	(rong	DEGREE PHYS	MED. STAFF N 17	May 1969
	Page 4 may To FUNERAL I director, page shauld be fil		22d PHYSIČIANÁ	MES TRONE, MC, US	22e. ADDRESS NAV	AL HOSPITAL, BETHESI	DA MD
	OSP 3 4 1 JNES Ctar, uld I	225					
	Sha dire	230			CEMETERY OR CREMATORY GTON CEMETARY	23d LOCATION (City or Town)  ARLINGTON, AF	(County) (State)
		24.	FUNERAL DIRECTOR		ER SPRINGS, MD. RE		
	VR A15 (4) 45M - 1/69	C	OLLINS FUNERAL I	HOME 500 UNIVERSI	TY BLVD WEST DMA	Y 2 2 1969 Polical	as Judge.

1: 1: 25.4

			ID STATE DEPARTMENT OF		
	07017		301 W. PRESTON STREET, BAI		07013
	0.4.07.4		CERTIFICATE OF DEATH		01013
	1. DECEASED NAME Fir	st Middle	Last	2g. DATE OF DEATH	2b. HOUR
	(Type or print) HE,I	EN JULIA	BOYLE	MAY TO Do	1969 3: IOP
	3. SEX	4, RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF LINDER 24 HRS
	TOTAL TO	CATTOLOTAN		lost þírthday)	MONTHS DAYS HOURS M.N.
	TEMALE.  70 BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	AUGUST 8.	1919 49 YRS.	
1	country)	70. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED		
	PA	L USA.	WIDOWED DIVORCED	MONTGOMERY	M
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress)	STITUTION (If not in hospital 12a. US	UAL OCCUPATION (Kind of work dane mast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
7	BETHESDA	IIS NAVAT.	HOSPITAL	HOUSEWIFE	INDUSIKI
	13o. USUAL RESIDENCE (Where dece admission) STATE	ased lived, if institution: Residence before	13c CITY OR TOWN 13d. INSIDE CT	13e STREET AND NUMBER	
3	TVA	N3b. COUNTY	ALEVANDE TA YES	MO□ SII E. LURA	Y AVE.
7	14. FATHER'S NAME FIRST	M.ddle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Last
~	FRAN	K J BRE	INER MARY	Y UNKNO	OWN REINBOL
	16a. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY		Address	ANDRIA, VA.
	,,,	n wor or dates of service)	LEO J. BOYL		AVE., ALEX-
- }	NO CAUCE OF PEATH (States			, , , , , , , , , , , , , , , , , , , ,	APPROXIMATE INTERVAL
	PART 1. DEATH WAS CAUSE	only one couse per line for (a), (b), and (c)	OF THE BREAST	LITHIII	BETWEEN ONSET AND DEATH
	1/7 / IMMEI	DIATE CAUSE (a) CARC LINOPI			
	1. 7. A.	DUE TO, OR AS A CONSEQUENCE OF	METASTASE	S	
	Canditions, if any, which gave rise to immediate cause (a)	(b)			
	stating the underlying cause				
	last	(c)			
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(0)	
	2				
	19a. DATE OF OPERATION 19 21a. ACCIDENT WAS UNDERLY	b. CONDITION FOR WHICH OPERATION WAS PI	RFORMED 2Da. AUTOPSY?	2Db. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
1	Ē		YES 🛣 NO [	CAUSES OF DEATH?	
			21c. HOW INJURY OCCURRED (En	ter noture of injury in Port 1 or Part 2,	Item 18.)
	OR CONTRIBUTING CAUSE OF DI		9		
	21d, INJURY OCCURRED 21	e. PLACE OF INJURY ( AT HOME, FARM STREET, FA		lo. City or Town	County State
	White Not white of work	OFFICE BUILDING ETC.		f	,
		his haspital <u>) attended</u> the deceas	ed-from 284 PR TT. 19	69 to TOMAY 16	) , that Of (we) las
	saw the deceased	glive on LOMAY	1909 and that in (more) (our) of	pinion death occurred on the do	ote and hour and from the
	causes stated aba	ve, (1) (we) (did) (did att) view the	body after death.		
	22b SIGNATURE		ATTENDING & A	22c.	DATE SIGNED
	1	· Ushworth	M SOGREE PHYS	MED STAFF DIRECTOR PHYS 3	5-10-69
	22d. PHYSICIAN'S		22e. ADDRESS		
1	NAME (Type)	A SHWORTH MD	NA NA	VAL HOSPITAL B	ETHESDA MD
			CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	DCMOVAL (Committee)		ton National	Fort Myer, Vir	
	24. FUNERAL DIRECTOR	raine for ADDRESS	2Sa REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	
6	aleyandrie	16. Promi	DATEMA	Y 1 5 1969	1 1 2 2 C
	/ ~ ~				

	1		07018	DIVISION OF VITAL RECORDS	ID STATE DEPARTME: , 301 W. PRESTON STRE CERTIFICATE OF D	ET, BALTIMORE,	MARYLAND 21201	07014
	death.		DECEASED-MAME First Type or print) Vent	Middle	EOYLE BOYLE	Zo. DAT	E OF DEATH 7 26 Month Doy	Year 69 4:30 R
		-	ex 'emale	4. RACE Caucasian	S DATE OF BIRT	nuary 1894	6. AGE (In years	IF UNDER I YEAR F JINDER 24 HRS MONTHS DAYS HOURS MIN
•	within 24 haur rely filled in by ban papers. within 72 hau	cou	BIRTHPLACE (Stote or foreign ontry) Minnesota	75 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	Mont	of DEATH gomery	Md
	within stely file in ban po	E	CITY OR TOWN OF DEATH  Bethesda	Laura etenat addeses	STITUTION (if not in haspital val Hospital	during most al worl Housew	ON (Kind of work done ung life, even if ret red )	126 KIND OF BUSINESS OR INDUSTRY N/A
	executed compressions of compr	odn	STATMaryland FATHER S NAME First	13b COUNTMONT gomery  Middle Lost		ES NO 🗌	sTREET AND NUMBER 1400 East Wes	
	ian and in an ind in a		Julius	Herman	U	Jnknown		Last
	certifica physic hen ple naval, c		Yes ned or unknown) (If yes give w	rar or dates of service) 579-44-7	602BMr. John C	Boyle,	1400 East Wes	APPROX MATE INTERVAL
m	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss efter Page 4 may be retained by the haspital ar attending physician.  Fage 4 may be retained by the haspital ar attending physician and campretely filled in by the by the attending physician and campretely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers based should be filled with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after the should be filled with the State Dept.		PART I. DEATH WAS CAUSED IMMEDIA  Conditions, if ony, which gave the immediate couse (a), stoting the underlying couse lost.	O BY ATTE CAUSE (o) Arteriose  DUE TO, OR AS A CONSEQUENCE OF	lerotic heart with bronch	ial asthma		BETWEEN ONSET AND DEATH
4113	N: The law ratending are has been are to see as the ealth prior to	L CERTIFICATION	21a ACCIDENT WAS UNDERLYIN	CONDITION FOR WHICH OPERATION WAS PE	YES TEC	NO CA	o IF YES, WERE FINDINGS COLUSES OF DEATH? Yes	
	OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate je 3 should be detached for u jed with the State Dept. af Heal	MEDICAL	at work of work	PLACE OF INJURY (AT HOME FARM, STREET, FA	9 CTORY,) 21f LOCATION Street o		City or Town	County State
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	PITAL OR I may be r ERAL DIRE ar, page 3 d be filed w		22d PHYSIC AN S NAME (Type)	E. HORTON, M.D.	DEGREE ATTENDING PHYS  22e ADDRES Naval			27, 1969
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	1	BURIAL, CREMATION, REMOVAL (Specify) Burial FUNERAL DIRECTOR JOS. G	DATE 23c NAME OF	CEMETERY OR CREMATORY gton National	23d LOC Arlit	ation (City or Town) agton Arlin	((qunty) Va.
	VR A15 (4) 45M - 1/69	51	30 Wisconsin A	awler Sons ADDRESS ve., N.W. Washingto		SO. REC'D BY REGISTRA		IGNATURE

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12.

_		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		117013 CERTIFICATE OF DEATH 07815
± 2- ±		ECEASED NAME First Agatha Middle C. Lost Bradbury 20. DATE OF DEATH 2b. HOUR
er deoth. funeral i 1 ond 2	(1	Type or print) Agatha C. Brudbury Month Doy Year 9 5-30
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hours offe p by the f s Poges how offe		Femule. White 10-30-88 ast birthday) Would hours MIN
and \$ and	7o	RIPTHPIACE (State of foreign 7) CITIZEN OF WHAT COUNTRY? 8
in 24 ho Filled p popers hin 72 hi	_	Montgomery.
within 2 ely filler son pop within	10 0	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even i retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even i retired)  1NDUSTRY
ed with sletely I carbon ent with	120	Homes the Suburbari Home maker -
we we we	adm	USUAL RESIDENCE (Where deceased lived, 4 institution, Residence before 13c CITY, OR TOWN 3d INSOIC ITY JM 39 STREET AND NUMBER ASSION) STATE Md. 13b COUNTY on ty om try Chery Chase YES NO 4716 BRadley Blud.
any o any	14	FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Lost
cian al		John Carney Kutherine Melahan
equires that the deoth certificate physician. signed by the attending physician burial-transit permit. Then please burial, cremation, ar removal, and		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or yinknown) (1 yes give wor or dates of service)  16b. SOCIAL SECURITY NO. 17 INFORMANY  Address
ertif phy ova		es, no, of phik nown) (1905 give will in ours of service) - MRS. LONG D. CHAM BLISS, PAUGHTER, BETH, MD.
ne deoth cer affending p permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),  PART I DEATH WAS CAUSED BY
ten den de		IMMEDIATE CAUSE (o) TREPATIC FUITALE, Sevene JUNAS
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the fow requires the attending physician. has been signed by se as the burial-troit prior to burial, cre		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
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SIC Spit Spit Settiff	MED.(	(If either, notify medical examiner) P.M. 19
OR ATTENDING PHYSICIAN: The fow rebe retained by the hospitol or attending DIRECTOR: After this certificate has been e. 3 should be detached for use as the ed with the State Dept. of Health prior to		21d INJURY OCCURRED  21e PLACE OF INJURY ( AT HOME FARM, STREET FACTORY, ) 21f LOCATION Street of R.F.D No City of Town County State at work of work
1		at work at work
Afte Afte be Sto		22a. I certify that (I) (this hospital) attended the deceased from 1969, and that in (my) (a) opinion death occurred on the date and haur and from the
TEN THE TEN		couses stated above, (1) (and) (did not) view the body after death.
A Paragraph of the state of the		226 SIGNATURE 2 OA AAA MA ATTENDOS OF ALLE SIGNED
8 6 3 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		Silvar traff M. A. DEGREE PHYS DIRECTOR D STAFF D 5.20.1969
moy moy RAL I		22d PHYSIC AN S NAME (Type) STOCK TO THE LO ON MD 22e. ADDRESS 3413 W. Cedar Lane
SPI 4 m A m A m A m A m A m A m A m A m A m		Scharf Cappink Hatherda XIV
TO HOSPITAL OR ATTENI Page 4 may be refained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5 5 2 v	D.	RIMOVA (Sperfy)  Burland  5-23-1969  Rock Creek Cemetery  Washington, D.C.
VR A15 (4) 45M - 1/69	24	FUNERAL DIRECTOR  JOSEPH GAWLER'S SON, INC.  DATE OF THE PROPERTY OF THE PROPE
45M - 1/69		6130 WISG, AVE., N. W. WASH., D. C. 20018 DAIPHA

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1/1	Items 13	-22a Fil	m413 MAR' OF VITAL RECO	YLAND STA RDS. 301 W.	TE DEPAI PRESTON	RTMENT OF STREET, BALT	HEALTH IMORE, MARY	LAND 21201	0.7	017	
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व व च च क	14. FATHER'S NAME	First John	Middle -	Las Bra	NDON	5. MOTHER'S MAIL		Mic	ddle	Last	
hin page	16a. WAS DECEASED ET (Yes, no, or unknown			. SOCIAL SECURITY		INFORMANT MEDICAL	Recopns	ADDRES	is		
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07018
		07022 CERTIFICATE OF DEATH
r deoth. uneral 1-ond 2 f deoth.		ECEASED NAME Enist Evelyn Brierly 20 DATE OF DEATH 2b HOUR 10 PM
offer affer affer	3 SI	S. DATE OF BURTH 6 AGE (In years 15 UNDER 1 YEAR 16 UNDER 24 HRS.  - Emale 12/25/78 OF AGE (In years 15 UNDER 1 YEAR 16 UNDER 24 HRS.  - MONTHS DAYS HOURS MIN
24 hours ed in by J		BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NOT COMPANY OF DEATH  NOT COMPANY  Md
	2	TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and the street address) 12 USUAL OCCUPATION (Kind of Mork done drugged and most of working his, even if retired) 12 KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his, even if retired) 10 USUAL OCCUPATION (Kind of Mork done drugged and most of working his, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his, even if retired) 12 KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his, even if retired) 12 KIND OF BUSINESS OR 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his, even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his, even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his, even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his, even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his, even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital drugged and most of working his even in hospital drugged and most of working his even in hospital drugged and most of working his even in hospital drugged and most of working his even in hospital drugged and most of working his even in hospital drugged and most of working his even in hospital drugged and most of working his even in hospital drugged and most of working his even in hospital drugged and most of working his even in hospital drugged and most of working his even in ho
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be exe η omd c ε remo	14	FATHER'S NAME First Middle Brierly Is. MOTHER'S MADEN NAME First Middle Lost Lost Fannie Mae Hughes
ertificate be physician or ten pleose lovol, and ii	160	(es, no or finknown) 1 (yes give war or dates of service) 486-01-2824 Mrs. Genald Ashour 10610 Marstz Read 55.
The low requires that the death certificate be executed. Within 24 hattemeding physician has been signed by the attending physician one completely filled in use as the burial-transit permit. Then please remove carbon papers, the prior to burial, cremation, or removal, and in any event, within 72 hat prior to burial, cremation, or removal, and in any event, within 72 hat prior to burial.		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)
the different permunotion,		OD 7, f  Conditions, if only, which gove trise to immediate cause (a), (b) Brockers  (b) Brockers  (b) Brockers  (b) Brockers  (c) Conditions (a) Consequence of the
equires that the physician signed by the burial, cremoti		stoting the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF (c)
w requi	No.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
AN: The low reall or attending to to attending to to the bas been so the the been so the the been to be the the ofth prior to be the the the the the the the the the th	CERTIFICAT (	190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?
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DING PHYSICIA by the hospita After this certific be detoched for State Dept. of F	W	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of work at work
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MAKTLAND STATE DEPAKTMENT OF HEALTH



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	hystra n pleg val, on	16a 1	. WAS DECEASED EVER IN U.S. ARM (es, na, or unknown) (If yes give we TIO	D FORCES? r or dates of service)	16b. SOCIAL SECURITY N	17. 1	NFORMANT		Addr	'ess		
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	OM REV. (108)	4	JUNEAR DIRECTOR	who	ADDRESS Rockvil	le. Ma	ryland pa	REC'D BY REGIS	1969 256 REGIS	IRAR'S	GNAMKE	pe.

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OR ATTENDING PHYSICIAN:	by me naspira After this certifi be detoched f State Dept of F	W	(If either, notify medical example 12)		AT HOME FARM, STREET, FA	GTDRY) 21f LOCATION 5	Street or R.F.D. No.	City o	or Town	County	Stote
E.	his Dept				DEFICE BLILDING, ETC.	7	STOCK OF KILD THE	City	1041	COUNTY	31010
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9	Aft Aft of State of S		saw the deceased causes stated abo	al ve on May	27	1964, and that in	(my) (our) api	nion death of	curred on the do	ate and havr ar	<ol> <li>(we) lost nd from the</li> </ol>
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	es # ician ad by al-tro		stating the underlying cause	UE TO, OR AS A CONSEQUENCE OF	*		
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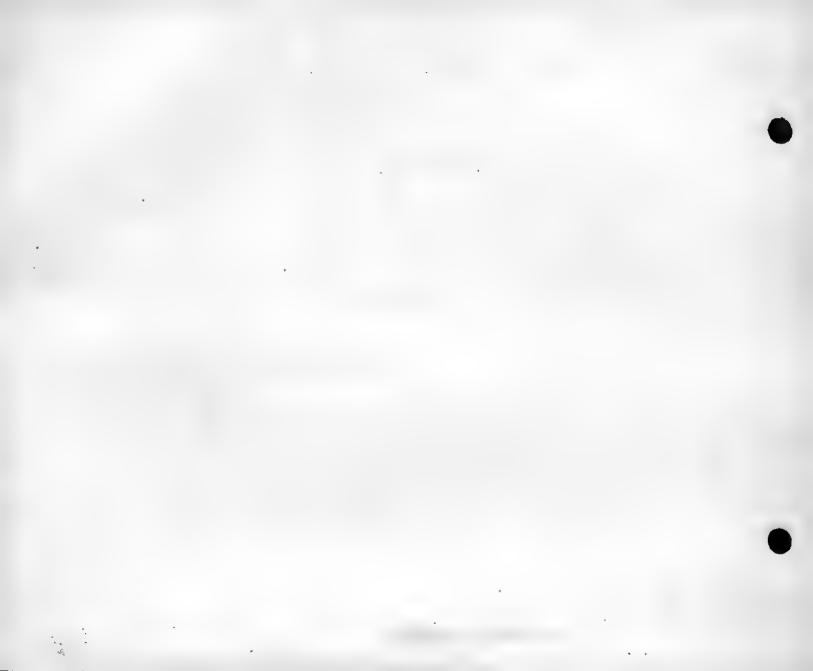


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	1 in by	7	o. Bl	RTHPLACE (State or foreign TY) Maryland	7b. CITIZEN OF WHAT COUNTRY? United States	8. MARRIED [2]	Lucies marking [	9. COUNTY OF DEATH Montgomery		Md
	DHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pour Page 4 may be retained by the hospital or attending physician.  2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Ashould be filed wit! the State Dept. of Health prior to buriol, cremation, or remayal, and in any event, within 72 hours.			Y OR TOWN OF DEATH	11. NAME OF HOSPITAL OR gve street address) frontgomery	General H	during m	AL OCCUPATION (Kind of work is ost of working life, even if ceti comotive Engin	red.) INDUSTRY	SINESS OR Railro
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	r after bas use at lith pr	×	CERTIFICATION	ACCIDENT MAC HADEOLVIN	C Los True Dr (GIUDY	Lot 1190	YES NO			
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	PHYS he hos this ce fetoche Dept.			t work at work	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING ETC.				Caunty	State
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	R ATTE retain ECTOR S shou wrt # th			22b. SIGNATURE	(i) (we) (did) (d <del>id not)</del> view f	ne body differ de	ATTENDING W	MED STAFF DIRECTOR PHYS	22c DATE SIGNED	19
	TAL O	1	7	22d. PHYSIC ANS NAME (Type) Frede	rick Moomau, M.D		PHYS D	PHYS L	5-26	of Mid
	HOSPI ge 4 n FUNER rectar, nould b			BURIAL, CREMATION, 23b. C	DATE 23c NAME	OF CEMETERY OR C		23d LOCATION (City or Town Rockwill, 17)	(County)	(State)
	5 5 5 4	1	_	JNERAL/DIRECTOR FACE	- Marchaella ADDR	irble ne	emetery 250 RED B	Rockwille, "o	TRAR'S SIGNATURE	·a.
	30M REV 1 68	V	3/2	ren F. numbhre	11, 100.8434 Ca. 1	ve. Sil.	pg- DAN	Y REGISTRAR 25b, REGIS	arles Judge	•



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21200702407028 CERTIFICATE OF DEATH 2b HOUR DECEASED NAME First Middle Last 2a DATE OF DEATH hin 24 haurs after death. (Type or post) Month Rosie 1969 J. Brown 4:30 M Mav 4. RACE S. DATE OF BIRTH 6 AGE (In years IF JINDER 1 YEAR IE UNDER 24 HPS 3. SEX uvivi-irunsii permit. Inen piease remave carban papers. Pages burial, crematian, ar removal, and in any event, within 72 hours after filled in by the fi last birthday) DAYS MONTHS HOURS 1899 May 31. Female White YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) WIDOWED | DIVORCED USA Montgomery Maryland 10. CITY OR TOWN OF DEATH 17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired ) INDUSTRY campterely requires that the death certificate be executed with RFD Housewife Mt. Airy 13a USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM TS? 13b COUNTY
Montgomery odmission) STATE Md YES NO 🕝 Mt. RFD # Airy gnd ( 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Beall Beall Priscilla J. Chaplin 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) I I was give war or dates of services Mr. R. Dewey Brown. attending phys Mt. Airy. Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Commer of DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave ) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been starector, page 3 shauld be detached far use as the lashauld be filed with the State Dept af Health priar tack 20o. AUTOPSY? 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NO | 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 3 1, 1947, ta 5/16, 1967, that (I) (we) last saw the deceased alive on 5/16, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stoted obove, (1) (via) (did) (did view) view the body after death. 22c DATE SIGNED 22b. SIGNATURE STAFF PHYS May 16,1969 DEGREE PHYS DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S James P. Kerr. M.D. Damascus, Md. NAME (Type) 23d. LOCATION (City or Tawn) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) May 18,1969 Clarettsville, Md. Montgomery Meth Burial 2Sb REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Olin L. Molesworth. Damascus. Md. 30M REV 1/48





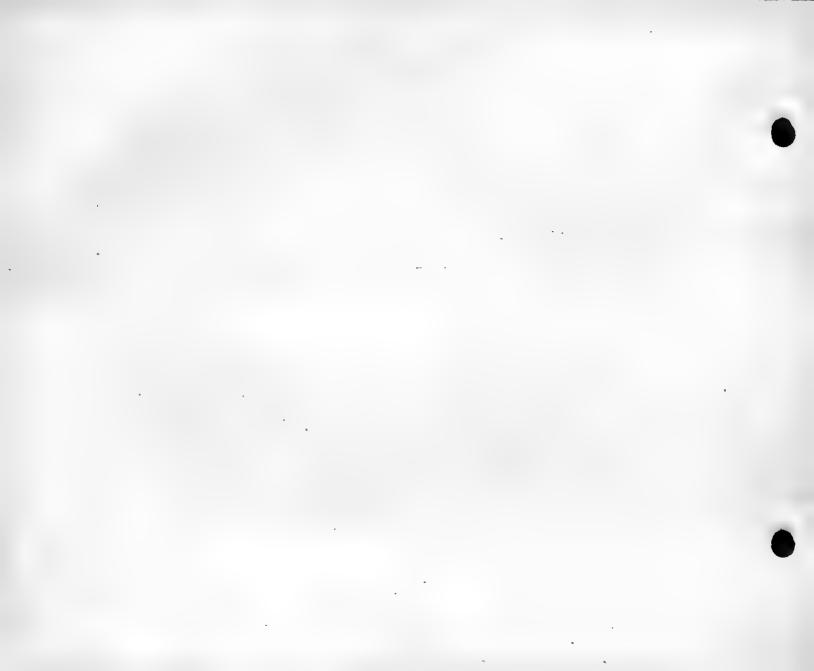
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the death certificate be ex the attending physician and sit permit. Then please rem matian, ar remaval, and in an	Y	es, na, ar unknown) (If yes give i	war or dates of service)		CON	r. t	Aug	1632	*
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e iii gi		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	y ane cause per line	far (a), (b), and (c))	1 %			BETWE	RÖXIMATE INTERVAL EN ONSET AND DEATH
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PHYS DIRECTOR PH		<b>A</b> 15 5 5 元	2				)				
PHYS DIRECTOR PH		SIGN SEPT SPECT SP	E S	The state of the s			ENTINEY & THE LOCATION Street	t or PED No	City or Terup	Country	State
PHYSICIAN S NAME (Type) Norman H. Rubenstein, M.D. 1/16/1 M.H. Ave Silver Spring M.J.  220 BUR AL CREMATION, REMOVE (Type) May 3,1969 Damascus Meth.  230 BUR AL CREMATION, REMOVE (Type) May 3,1969 Damascus Meth.  24. FUNERAL DIRECTOR  ADDRESS  250 REC'D 87 REGISTRAR 256, REGISTRAR 5 SIGNATURE		he be		While Mat while	e. Take of Hook	DEFICE BUILDING ETC.	ZII. LOCKITON SITEE	a ui ka b nu	City or rown	Cupiny	21016
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PHYSICIAN S NAME (Type) Norman H. Rubenstein, M.D. 1/16/1 M.H. Ave Silver Spring M.J.  220 BUR AL CREMATION, REMOVE (Type) May 3,1969 Damascus Meth.  230 BUR AL CREMATION, REMOVE (Type) May 3,1969 Damascus Meth.  24. FUNERAL DIRECTOR  ADDRESS  250 REC'D 87 REGISTRAR 256, REGISTRAR 5 SIGNATURE		P A P P		saw the deceased	dive on	)///	_19 <u>G. Z.</u> , and that in (m	y) <del>(out)</del> opinior	n deoth occurred on the	date ond hour	ond from the
PHYSICIAN S NAME (Type) Norman H. Rubenstein, M.D. 1/16/1 M.H. Ave Silver Spring M.J.  220 BUR AL CREMATION, REMOVE (Type) May 3,1969 Damascus Meth.  230 BUR AL CREMATION, REMOVE (Type) May 3,1969 Damascus Meth.  24. FUNERAL DIRECTOR  ADDRESS  250 REC'D 87 REGISTRAR 256, REGISTRAR 5 SIGNATURE		ON DESTRUCTION OF THE	1		ve, My (we) (ald	) (ala-ner) view in	e body after death.		Las	h have closed	
PHYS DIRECTOR PH		MEC SECTION		226 SIGNATURE	11/12	0	ATTENDIN	IGMED.	STAFF C	C. DATE SIGNED	
24. FUNERAL DIRECTOR ADDRESS 25g REC'D 8Y REGISTRAR 25b, REGISTRAR S SIGNATURE		ed Se be		1 0 man	H. Nu	benslin			TOR L PHYS. L	5/1/69	•
24. FUNERAL DIRECTOR ADDRESS 25g REC'D 8Y REGISTRAR 25b, REGISTRAR S SIGNATURE		A PER OF							1 01	<u> </u>	1. 1
24. FUNERAL DIRECTOR ADDRESS 25g REC'D 8Y REGISTRAR 25b. REGISTRAR S SIGNATURE		ER T		MAME (Type) Nor	man H. B	ubenstei	a, M.D. /// &	1 /V 13.	live Silver	JANAG	17d.
24. FUNERAL DIRECTOR ADDRESS 25g REC'D 8Y REGISTRAR 25b. REGISTRAR S SIGNATURE		Set	23 a	BUR AL CREMATION. 23	DATE	23c NAME C	F CEMETERY OR CREMATORY	23	d LOCATION (City or Town)	(County)	(State)
24. FUNERAL DIRECTOR ADDRESS 25g REC'D 8Y REGISTRAR 25b, REGISTRAR S SIGNATURE		Pog Pog Shr									
		E-5	24		-5 24270	-		25g REC'D BY PE			
			14.	Olin L. Mole	sworth,	Damascus	, Md.	DATE OF RE			tyl.



1// 07032	MARYLAND DIVISION OF VITAL RECORDS, 30	STATE DEPARTMENT OF I			
111000		RTIFICATE OF DEATH	IMORE, MARILAND 21201	07028	
1. DECEASED NAME Firs (Type or print)		BURRISS	20 DATE OF DEATH  Month  D	loy Yeor	2b HOUR
3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years ast birthday)	MONTHS DAYS	1F JNDER 24 HRS. HOURS Min
70. BIRTHPLACE (State or foreign country)  MARYLALD		MARRIED NEVER MARRIED VIDOWED VIDOWED VIDOWED	9. COUNTY OF DEATH MONTGOME	RY	Md
10 CITY OR TOWN OF DEATH  TAKE MA FAR.	11 NAME OF HOSPITAL OR INSTIT	uTION (if not in hospital 120. USU)	A. OCCUPATION (Kind of work done ost of working I te, even firetired NOWS	126 K ND OF R	LSINESS OR
13o. USUAL RESIDENCE (Where deceded admission) STATE		C CITY OR TOWN 134 INSIDE CTY E	M 152   13e STREET AND NUMBER	AVE	H-101
14. FATHERS NAME Fist	Middle Lost	IS MOTHERS MAIDEN NAME F	irst M. ddie		Lost
160 WAS DECEASED EVER IN U.S. AR Yes, no, or inknown) (If yes give	MED FORCES? war or dates at service) 16b SOCIAL SECURITY NO 214-36-2860	17 INFORMANT Herman	D. Burriss (Soms)	Mr. Rain	ier, Md.
PART 1 DEATH WAS CAUS IMMED IMMED Conditions, if ony, which gave rise to immediate couse (o), storing the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) OLYMPIA GOVERNMENT OF (C) (c)	pulmonary i nonulometous lu indetermied	y disease with Co		HE DONIC
PART 2. OTHER SIGNIFICANT CO	nditions contributing to death but not accurate process  CONDITION FOR WHICH OPERATION WAS PERFO	womiter bot	ONDIT ON GIVEN IN PART 1(0) Locol Lober 206 IF YES, WERE FINDINGS		T.FY)NG
190. DATE OF OPERATION 196		YES NO 121c HOW INJURY OCCURRED (Ente	CAUSES OF DEATH?		
OR CONTR BUTING CAUSE OF DE	TH HOUR A.M. Month Doy Yeor ner) P.M. 19				
While Not while of work	PLACE OF INJURY (AT HOME, EARM, STREET, FACTOR OFFICE BUILDING, ETC.	,	/	County	Stote
saw the deceased	ns haspital) attended the deceased live on 5/10 19 e, (l) (we) (did) (did not) view the boo	A, and that in (my) (our) ani	nion death accorred on the c	9 <i>L_9</i> ; that (date and hour a	1) (we) last nd from the
22b S GNATURE Then	reputtent ve	DEGREE PHYS	MED. STAFF 220	DATE SIGNED	9
22d PHYSICIAN'S NAME (Type) HEA	JRY W-Stout 1		ERREIA AUE SIL	VERSPRI	IS HD
BEMOVALISPECTY) MC	y 15, 1969 Burtons	etery or crematory ville Union Cem.	23d LOCATION (City or Town) Burtonsville		(Stote) and
Warner & Pumph	en arterSilver DBERn Leu. Inn. 8434 Geor	gia Avenue MAY	y registrar 256. registrar L 4 1969		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07029 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1 DECEASED-NAME First Lost 20 DATE KNOWN T Manth Year Day (Type or Print) n 20 al onn T4774 gm DEATH MATER 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE I n vegrs OF JAGER 1 YEAR IF LINDER 24 HRS 2r DATE PRONOLINGED DEAD Year "ala 1-27-43 I and 2 with the State Depa 7a BIRTHP ACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country arisland Mont-gerv WIDOWED [ DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a JSJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR grestreet andress ton San 3 Tosa during most of working if a even if retired ) Trisoma Park INDUSTRY deoth. 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 120] whi יים ביים הפך דוסד YES NO . farworded to the Chief Medical Examiner's Office ofter 4 FATHER'S NAME First M ddie IS MOTHER'S MAIDEN NAME First Clann Tilliam C-20 11 Postania 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, na, or unknown) (If was give war or dates of service) Tous Chart APPROX MATE INTERVAL 1B CAUSE OF DEATH (Enter on y one cause persone to (a) (b) and to executed permit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) DUE TO OR Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUEN stating the underlying cause PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERAT ON 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJRY Month, Day, Year PRIMARY OR CONTRIBUTING CAUSE OF BLATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, factary office building, etc. AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection V Inquiry . and in my apinian death resulted frem: Natural causes Acc dept D Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. ADDRESSIVE CLU ( tayle, or county) the 50 NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d LOCATION (City of Town) (State) , REMOVAL (Specify) Fort Lincoln cemetery Md. Bladensburg 250 REC D BY REG STRAR REGISTRAR S SIGNATUR VR A15ME (5) 8434 Ya. ave Sil. Spr. DATEMAY

MAKTLAND STATE DEPARTMENT OF HEALTH



				MARYLAN	D STATE DEPARTMENT OF I	HEALTH	
-	1	- 1	07034	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 212010	ማ ብ ዓ ብ
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e si		- 17	o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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W.	cion and campletely filled in ease remave carban paper and in any event, within 22		V V	1 Cilentoures	e Conv. Center auring m	ost of working life, even fretred)	INDUSTRY Engineer
P	and		Bo USUAL RESIDENCE (Where deceidmission) STATE	sed lived, if institution Residence before	TIRE ELTY OR TOWN LIST INSIDECTY.	IM-TS? 113e STREET AND NUMBER,	V
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9			18. CAUSE OF DEATH (Enter of	nly one couse per time for (o), (b), and (c)	1- 1001	O	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
± 0	혈변문		PART I. DEATH WAS CAUS	IATE CAUSE (0) Cardiac 9	Caretral Sechemia-		10-12 days.
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≥ .	ing the		2				
_6	end s be s be s be rigin		190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The :	the set of	2.			YES NO X	CAUSES OF DEATH?	
= :	at year			NG 216. TIME OF INJURY		r noture of injury in Port 1 or Port 2,	Item 18)
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SI	rert red t. a	- 1	OR CONTRIBUTING CAUSE OF CE  [If either, notify medical exam  21d. INJURY OCCURRED 21d			City or Town	County State
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5	te de	- 1					7.0
<u> </u>	by fre be Sto	- 1	22a. I certify that (I) (t	nis haspital) attended the decease	ed from June 3, 193	9, to 11/04/8, 19	that (I) (wa) last
. 3	ed Fed a	- 1	saw the deceased	re, (1) (we) (did) (did nat) view the	9661 and that in (my) (our) api	inian death acculred an the d	ate and haur and from the
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IA	A pod w		22d. PHYS CIAN S NAME (Type)	211/10-00-12	22e ADDRESS		1-025-01
SPI	d the	L	1/7.6	DUMARDROP .		SHING DAVE S	TOER Spring and
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	Page 4 may be retained by the haspital at attending physician.  10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transit permit. Then by should be filed with the State Dept. of Health priar to burial, cremation, or remaval,	1			CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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	√R A15\\A\\ 45M 1\\89	5	500 Linnie	I the Blod W 1:	Son med DAMAY	2 2 1969 Milian	Vay Judge.
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• 1-11-	7	ก7035	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
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fer fer	3 51	1	4 RACE WIL-A	S DATE OF BIRTH	6 AGE (In years	IF JINDER VEAR IF UNDER 24 HRS.
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equires that the death certificate be executed within physician. Signed by the attending physician and completely to burial-transit permit. Then please remove caban burial, cremation, or removal, and in any event, with	K	nsinciton VI	Id. Kensingha.	nollestrone 10 mm	ost of work ng life, even if retired.)	INDUSTRY HONG
completely ove corbor y event, with	f3o	JSUAL RESIDENCE (Where deceased sion) STATE	lived, if institution Residence before	e 13c. CTY OR TOWN 13d INSIDE CITY .*	MITS? 13e STREET AND NUMBER	
executed and comple emove co	_	Mq	BANTIMORE	OWINGS MILLS	114 PAFASEN	IHIAA Rd.
ond ond rem	14 1	ATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME F	irst Middle	Lost
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be be retained by the hospital or attending physician.  HRECTOR: After this certificate has been signed by the attending physician or e 3 should be detached for use os the burial-transit permit. Then please red with the State Dept. at Health prior to burial, cremation, or removal, and in		WAS DECEASED EVER IN U.S. ARME (1yes giya wor	D FORCES? 16b. SOCIAL SECURIT	Y NO. 17 INFORMANT	PHO MAGINGE	4CH, FLA.
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he death cei e attending p permit. The		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (	0) /	/	APPROX MATE INTERVAL CAST BETWEEN ONSET AND DEATH
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AN: If or cate or u		210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF GEATH	216 T ME OF INJURY HOUR A.M Month Day Yea	21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, I	tem 1B)
pite af f	MEDICAL	If either, notify medical examine	r) P.M.	19		
R ATTENDING PHYSICIAI retained by the hospital EETOR: After this certifical 3 should be detached for with the State Dept. af He	25	21d. INJURY OCCURRED 21e Pi	ACE OF INJURY (AT HOME, FARM, STREET, I	FACTORY.) 21f LOCATION Street or RFD No	City or Town	County Stote
the thick dept		While Not while twork of work		50 1	r de c	
by Stat		22a. I certify that (I) (this	hospital attended the decea	sed from , 19/a	(2, to 1 1 thing 8, 196	<u>a j</u> , that (I) (we) last
OR ATTENE be retained birECTOR: A pie 3 should ed with the	6	saw the deceased alm	(I) (we) (did nat) vlew/the	1965, and that In (my) (aur) april	nian death accurred on the dat	te and have and from the
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ERA ERA		NAME (Type)	· · · · · · · · · · · · · · · · · · ·			
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	230.	BURJAL, CREMATION / 23b. DA	TE 280 NAME O	F CEMETERY OR CREMATORY	23d, LOCAT ON (6ty or Yown)	(Stote)
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	27)				D STATE DEPARTMENT C		
			OHODE DIVIS	SION OF VITAL RECORDS,	301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 2120	
			n7036		CERTIFICATE OF DEAT	TH .	07032
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	\$ 15 E	3 51		PACE	S. DATE OF BIRTH	6 AGE (in years last bythagy)	IF JHCER I YEAR JE UNDER 24 HRS MONTHS DAYS HOURS MIN.
	rs al Page prs a	ightarrow	lale	White	Jan 9.	1100   DEL	RS
	hour in by rs. Paul	7a. cou		TIZEN OF WHAT COUNTRY?	8. MARRIED WEVER MARRIED	9. COUNTY OF DEATH	
	filled in 72 thin 72	10 (	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	WIDOWED DIVORCED 120	USUAL OCCUPATION (Rind of work do	
	with fil		Boulds - Md	give street address)	den	ng mast af warking life, even if retire	
	ed w olete carb	13e	USUAL READINCE (Where deceased lived	d, if institution Residence before	13c. CITY OR TOWN 3d INSIDE	CITY LIMITS? 138. STREET AND NUMBER	
	ecut eve y eve		1-10	. county Monta.	Bough YES	NO	
	requires that the death certificate be executed within 24 hours after death signed.  I signed by the attending physician and campletely filled in by the function burial-transit permit. Then please remove carbon papers. Pages found a burial, crematian, ar remayal, and in any event, within 72 haurs after death.	14.	ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NA	ME First Romes Rom	igna Mast
	and in	16a	WAS DECEASED EVER IN U.S. ARMED FOR		NO. 17. INFORMANT	Addres	Calletter
	fifica hysia n pla val,	L 1	es, no, or unknown) (If yes give war or dates	219-36-4	1780 Mise Fran	ces Carlin 1900	S. Eads St.
	ren p		IB PAUSE OF DEATH (Enter only one of	cause per line far (a), (b), and (c)	) -/	- 1	APPROXIMATE INTERVAL *BETWEEN ONSET AND GEATH
	he death cel e attending p permit. The tian, ar rema		PART I, DEATH WAS CAUSED BY IMMEDIATE CAUS	SE (a) Coro	mary in	romboers	esstantine
	he d offi jan,			UE TO, OR AS A CONSEQUENCE OF		- d .	
	at the next		Canditions, if any, which gave anse to immed ate cause (a),	(b) Chleryza	leroin fear	y Walen	_ 10 years
	The law requires that the attending physician. has been signed by the se as the burial-transit the priarta burial, cremative.		stating the underlying cause last	UE TO, OR AS A CONSEQUENCE OF			
4	quire phys igne auria uria		PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
. 4	v reing l	l z	South	Orlhites			•
	: The law ratending ar attending te has been use as the alth priar ta	CERTIFICATION	190. DATE OF OPERATION 196 CONDITI	ION FOR WHICH OPERATION WAS PE		CALIFOR OF BOATUS	GS CONSIDERED IN CERTIFYING
9	The rath	ERTIF	21g. ACCIDENT WAS UNDERLYING   12	216. TIME OF INJURY		(Enter nature of injury in Part 1 or Par	2 4 - 16
	G PHYSICIAN: The hospital ar this certificate detached far u e Dept. af Heali	ਤ	OR CONTRIBUTING CAUSE OF OFATH	HOUR A.M. Manth Day Year		(color sature at injuly in Part 1 of Par	r z, irem io.j
	YSIC nospi cert ched pt. a	MED	(If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE (	P.M. 19 OF INJURY AT HOME, FARM STREET FAC	21f. LOCATION Street or R.F.I	D Na. City or Town	County State
	ATTENDING PHYSICIAN etained by the hospital of CTOR: After this certifical shauld be detached far ith the State Dept. at He		While Not while at work				
	by the the property of the pro		22a. I certify that (I) (this has saw the deceased alive a	pital) attended the decease	ed from may.	1948, ta may 28,	19_65, that (I) (we) last
_	Rent Ped		causes stated above, (i) (	me) (did) (did nat) view the	bady after death.	opinion death occurred an the	e date and navr and from the
	ECTO with with		22b. SIGNATURE	A de	ATTENDING >=	MED STAFF	22c. DATE SIGNED
	De Be		22d. PHYSICIAN 9	o towally	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L PHYS. L	5/28/69
	Page 4 may be retained by the hospital ar attending physician.  Page 4 may be retained by the hospital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please temore carbon papers. Pages should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours attended.		NAME (Type)	Fawcett	220. ADDRESS	o. Boy DS,	MARYLAND
	FUNITE CT	23a	BURIAL, CREMATION, 236 DATE		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	2225	1	REMOVAL (Specify) 5/3	1/69 At.	Marya Cat	L. Carnesvill	e Monts. Mc
	VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR	ADDRESS	Acousto Aproprie		AR'S SIGNATURE
		H	JIVIAM Q. )	VINON COM	VLE SIMILLE TA DARE	0 1000 1000	With wider



<del>/-</del> 1	07037 Iteml3 FilmG413	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH		07033
· = - = =	1. DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	20 HOURP
death, death, death, death,	(Type or print) CL	ARA BELLE	CASHELL	Month 5 Day	24'eor 69 4:20 M
草草	3 SEX	4 RACE	S DATE OF BIRTH	6. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
and the second second	FEMALE	WHITE	11/7/74	lost birthday	MORINS DATS HOURS MIN
	70 BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
in 24 ho filled in papers, hin 72 h	" MARYLAND	U.S.A.	WIDOWED TO DIVORCED	MONTGOMERY	Md
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUT ON (If not in hospital 12a USU	IAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
ed with	OLNEY	give street address) MONTGOMER		OUSEWIFE	Home
interior interior	odmission) MARY LAND	13b COUNTY MONTGOMERY	DENEY SE SELL MANUELLE AREA WELL	13e SIRHONO NUMBES . A	ve. NW
e execut and comprehensial and seven	14. FATHER S NAME First	Meddle Last	IS. MOTHER'S MAIDEN NAME	_ 11	Lost
n ol se r	-letcher ERVIN			Ann Howes	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires, that the death certificate be exected as the property of the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 should be detached for use as the burdhatanist permit. Then please remainshauld be filed with the State Dept of Health prior to burial, are mathan, ar removal, and in any should be filed with the State Dept of Health prior to burial, are mathan, ar removal, and in any	16a. WAS DECEASED EVER IN U.S. AR Yes, no, ar unknown) (II yes give	MED FORCES? wor or dates of service)  16b SOCIAL SECURITY 2/8-54-6		Address CORDS	
Cert The P	18. CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), and (c).	) .	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the death cer	PART I DEATH WAS CAUSI	D BY. ATE CALISE (0) Vantue	Day asyst	alo	+ Sh2:
after nn, o	and h	DUE TO, OR AS A CONSEQUENCE OF	J		7
the sit property	Conditions, if any, which gave	(b) A.S	K.D.		
in the last of the	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
Series de la colo	last.	(c)			
S maquies, the physician physician signed by bur determined bur determined, crem	PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
The Fire	Z -2	reture (R)	Kep		
The law in ottending has been se as the ith prior to	131 1	CONDITION FOR WHICH OPERATION WAS PE		20b. FE YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
The The ouse of the pullith pu		1xeffe hip	YES NO		
AN: of ar icate far u Healt		TH HOUR A.M. Month Day Year	222	er noture of injury in Part 1 or Part 2, It	lem 181
Siciliar Spirit	(If either, notify medical exam	iner) PM may (a 1	67 Fellow	There may 18/69	County U State
TENDING PHYSICIAN: ined by the haspital an DR. After this certificate ould be defached for the State Dept of Hea	While Not while C	. PLACE OF INJURY (AT HOME, YARM, STREET FAI		o City or Town	County State
the delay	of wark of wark	News Home	That on	(Q to M = 7 = 10	(a 50 that (1) (wa) last
Affe by Sto	saw the deceased	his haspital attended the decease	9 69 ond that in (my) (our) or	pinion death occurred on the dat	te and hour and from the
N. TEN	couses stated abov	(I) (ve) (did) (did not) view the	body ofter deoth.		
OR ATTEND be retained JIRECTOR: A je 3 should ed with the	22b. SIGNATURE	2	BA MENDING	MED STAFF 22c. D	ATE SIGNED
DIR be		and Moreal	DEGREE PHYS	DIRECTOR LA PHYS	7-26-64
TAI noy be fire fire	22d PHYSICIAN'S NAME (Type)	orenzo Marcolin	22e. ADDRESS Rockvi.l	le. Md.	/
NER 4 n					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rate Page 4 may be retained by the haspital or attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to	Annualization of h	_	CEMETERY OR CREMATORY	23d LOCAT ON (City or fown) Sunshine Mon	(County) (State)
5- 5	24. FUNERAL DIRECTOR	6/27/6 Mt. C		BY REGISTRAR 25b. REGISTRAR'S	
30M REV.	Francis H. Bar			1 2 8 1969 /Cum	las judge
11-3					



_							ID STATE DEPARTM				
		1		02000	DIVISION OF	VITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMORE	, MARYLAND 21201	07034	7.
	10			07038			CERTIFICATE OF	DEATH		01005	
	€ -	1. A		ECEASED NAME First		Mrddle	Lost	20 D	ATE OF DEATH		25 HOUR
	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death as estampted by the hospital or attending physician.	Pages 1 and 2 us Tries death.	(	Type or print)	beth	Virginia	Cator	Ma	Month Do	Yeor 1969	1.20 M
	⊕ 4	E	3 51	X	4 RACE	ATTENTA	S. DATE OF BIL		& AGE (In years		IF LINDER 24 HRS.
	ŧ (	2 MF /	E	emale	Tut	hite	Tomus	v 19. 191	lost birthday)	MONTHS DAYS	HOURS M N
	SID		7o	BIRTHPLACE (State or foreign	7h CITIZEN OF W	HAT COUNTRY?	Januar		1 50 YRS.		
4	و ا		LOLI	ntry)	U.S Amer	. A.	8 MARRIED NEVER MARI WIDOWED DIVOR				
	24	physician and completely filled in please remove carbon papers. oval, and in any event, within 72 h	10 d	shington D.C.			STITUTION (of not in hospital		ntgomery PATION (Kind of work done	100 VIND OLD	Md
	film 13.	[ ] [ ]			gve	street oddress) shington S	and to the sound of the sound	during most of w	orking life, even if retired )	126 KIND OF B INDUSTRY	
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	/ 83	5 o o o		ssion) STATE Maryland			Hyattsville		3212 76th Av	enue	
	ě č	an de di	14 -	FATHER'S NAME First	Middle	Lost	IS MOTHER'S MA	IDEN NAME Fish	Middle		Lost
	pe !	9 E		Lawrence		Payne		Virginia_	H	arrison	
	ote	0 0		WAS DECEASED EVER IN U.S. ARM	AED FORCES?	166 SOCIAL SECURITY	NO 17 INFORMANT	0	Address		
	¥ ;	y ci y		no no		579 12.8	225 Patients	s chart_			
	9	ne onenang p nsit permit. The mation, or remo		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y one couse per	ne_for (o) (b), and (c)	)			APPROX MA	ITE INTERVA. ET AND CEATH
	df :	r re		PART I DEATH WAS CAUSED	D BY TE CAUSE (a)	Bronchad	ion ic Corc	In Drawn		10 Mai	
	de	erm n, c		1621	, ,	AS A CONSEQUENCE OF	28 10 4010	1		100010	
	the s	ation a		Conditions, if any, which gove )		AS A CONSERVENCE OF					
	hat ).	ronsi		rise to immediate couse (a), stating the underlying couse(	(b)	AS A CONSEQUENCE OF					
	icion L	5 ± -2,		lost.	(c)	TO PERSON OF THE					
-	V: The low requires the or attending physician.	buriol-fr buriol-fr		PART 2 OTHER SIGNIFICANT COM		ITING TO DEATH BUT N	OT RELATED TO THE TERMINAL	D SEASE OR CONDITIO	N GIVEN IN PART 1(a)		
4	req g p	٥٥٥		h' 1 +	11 1/1	ALL DESCRIPTION AND ADDRESS OF THE PERSON NAMED IN COLUMN ASSESSMENT OF THE PE	1 112.	1	TOTAL IN TAKE		
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	the the	S E S	FICATION	The same of organisms	constitution or m	i ci oi tanon ma	YES 🗀		CAUSES OF DEATH?	ORSIDERED IN CER	111 1110
	- E 0 %	2 S = 3	CFRT	210 ACCIDENT WAS UNDERLYIN	G 21b. TIME C	AE INDITION			of injury in Part 1 or Part 2,	la 36 l	
	AN I	H of		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M.	Month Day Year	ZIC, HOW INJUST OCC	nkkin (tuiet uoista	or injury 1 Post 1 of Post 2,	irem +8)	
	Spit	of	MEDICAL	(If either, notify medico examin	ner) P.M.	1					
	OR ATTENDING PHYSICIAL be retained by the hospital	ach ept	~	While - Not who ac-	PLACE OF INJURY	OFFICE BUILDING ETC.	CTORY, 21f LOCATION Street	or R.F.D. No.	City or Town	County	State
	the the	det de D									
	N A	Stori		22a. I certify that (I) (the saw the deceased a	is haspital) att	ended the deceas	ed fram July	, 19 <u>60</u> , 1	ta <u>5-4</u> , 19	<u>69</u> , that (	I) (we) last
	ENC.	te e		saw the deceased a causes stated abave	ive an	Idd nath way tha	hady after death	/) (our) apiman di	eath accurred an the de	ate and have a	nd fram the
	T de S	6년 ,		22b SIGNATURE	(i, (i) (we) (uiu)	(did lidt) view lile	oddy dilet dedit.		220	DATE SIGNED	
	re re	% × 3			HEN. V		DEGREE PHYS	G MED DIRECTOR	33A73	-4-69	
	992	S e e	l i	22d. PHYSICIAN'S	4 les		DEGREE PHYS	- DIRECTOR	Thus DIO	7-69	
	TTA	be be		NAME (Type)	T NT. 1		226 NOOF	(1)			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low repaired a may be retained by the hospital or attending to entitle the particular the conference of the particular than th	director, page 3 should be detached for use as the buriol-transit permit. Then please remostrated be filed with the State Dept. of Health prior to buriol, cremation, or removal, and many	20		LNel		CEMETERY OR CREMATORY	100	IOCATION (Ch T	15 + )	((, , , )
	# dge	di e	230	BUR AL, (REMATION, REMOVAL (Specify)					LOCATION (City or Town)	(kturoj)	(Stote)
	5 5	2 0.0		Burial 15/	6/69	Ft. ADDRESS	Lincoln	C. PECIP DY PEOC	olmar Mano	P.G.	_Md
		VR A15		-				ZSa REC'D BY REGIST	IRAR 1968 25b. REGISTRAR	SIGNATURE	re.
		45M 1189		Francis Gasch	's Sons	Hyattsvil	le, Md.	DATE		17 8	



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	035
HEALTH DEPT.	1 DECEASED NAME : Fish Middle last 20 DATE KNOWN Month Day	Yeor 2b. HOUR
	(Type or Print) Welliam R Cauffeld DEATH MATED May 28	1602 DM
deloy M3. Pog	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 IF UNDER 24 HRS 24 DATE PRONOUNCED DEAD	2d HOUR
2, and 3 to PM3. Page	male. Vi lite 10/3/1/898 Do YRS. MONTHS DAYS HOURS MIR. Manth May Day 28 Y	ear 1961 2 /3
25.9 g	70 BIRTHPLACE (State or foreign   75 CIT. ZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH	
The Day	country) Marylind USA W DOWED DIVORCED   Montgomery	Md
Page ith Sto	and tract address & A street add	CIND OF BUSINESS OR
r de live I g w	Berline Eleveron	1K)
Heurs ofter death Utfee along with form Tond 2 with the State De ofter death	130 USUAL RES DENCE (Where deceosed I ved, I institution Residence before 13c (ITY OR TOWN and INSTITUTION RESIDENCE (Where deceosed I ved, I institution Residence before 13c (ITY OR TOWN 3d INSTITUTION 3d INSTITUTIO	
	The second of th	
er's Officers Tonges Tond 2		Last
4 cm / 8 E	160 WAS DECEASED EVER IN J S ARMED FORCES? 1160 SOCIAL SECURITY NO 17 INFORMANT, ADDRESS	section
	(Yes, no acturknown) (If yes give war or dates of service) 7/7-46-5034 Destree may Byrnes	a Car
		APPROXIMATE INTERVAL
executed and inding in Medical Experimit. Find within	PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
e execut pmding of Medio sit perm	4/2 4	20.
be exe "p≡nd ief Me insit pe event	(Conditions, if any which gove)	40215
vord 1 vord he Ch al-tra	nse to immediate couse (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1
should be en word "pilling the Chief."  The Chief burial-transit I in any ever	last (c)	
This certificate should icote, writing the word be forwarded to the Cl d be used as a burial-tr or removal, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing the invoided to a lised os a linear and invoided to a lised or a linear and invoided to a linear and invoid	No. DATE OF OUTDATION 100 YOUNTION FOR WHICH OPERAT ON	
is certific forward forward is used or	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icote, be for dispersion or regregations.		YES NO X
		]
EXAMINER: cute the certificage 4 should ryour files. Page 3 should tremat on, cremat on,	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH PM 19  21d NJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No City or Town Cause	enty State
XAMI te the ge 4 s your i yoge 3	WHILE NOT WHILE foctory, office building, etc.)	310.5
~ 5 5 ~ 2	22a. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquiry .	and in my opinion
a 5. " 0 =	22a. I certify that I took charge of the remains described abave, held an Autapsy, Inspection \( \mathbb{Z} \), Inquiry \( \mathbb{Z} \), death resulted fram. Natural causes \( \mathbb{Z} \), Accident \( \mathbb{Z} \), Suicide \( \mathbb{Z} \), Homicide \( \mathbb{Z} \), Undetermined monner \( \mathbb{Z} \)	and in my opinion
JIY BICO		
TY, ples red dingral d	ACTUAL ( ) 226 DATE SIGNED	D ~
	SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S  DEPUTY MEDICAL EXAMINER  M.D. ASSISTANT MED	8,1968
o DEPUTY necessary, pl the funeral of may be re D FUNERAL Health prior	NAME (Type)  ADDRESS(Street, city, town, or county)	
0 = = ~ 0 ± 4	230 BUR AL, (REMATION, 236 DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (Car) or Town) (Coun	ty) (State)
1	Serial 5-31-69 St Rose Cemetery Skilhersburg H	voits Kld
,	24 RUNERAL DIRECTOR Express C Gartner . Address 2 1969 250, REGISTRAR 5 S GNAT	WRI-
VR A15ME (5) 3	Const C. Jacker / Jacker Jung Months 1003	A)

MANUALUM ALVIE DERANGEMI VIE MENLIM



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07036 CERTIFICATE OF DEATH and 2 death. 1 DECEASED NAME First Middle 20 DATE OF DEATH 24 hours ofter Jeoth, 2b. HOUR (Type or pnnt) Month NICAL 3 SEX 4 RACE 6/AGE (In years last birthday) S. DATE OF BIRTH IF UNDER I YEAR ely filledy'in by the bon papers. Tregs within 72 hours a 1111965 W. H. TE To. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED [ NEVER MARRIED 9. COUNTY OF DEATH WIDOWED | DIVORCED [7] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if ret red) the ottending physicion and commercially fish permit. Then please remove carbon Page 4 may be retained by the this certificate has been signed by the offending physicion and complete to FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and consideration, page 3 should be detached for use as the burial-transit permit. Then please remove capbe should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY JAM 157 requires that the death certificate be executed 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First GENNARO CELENZA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 7 INFORMANT Address (It yes give war or dates of service) 577-05-3890 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c),
PARY I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT MOME, FARM, STREET FACTORY, ) 21f LOCATION Street or R.F.D. No. City or Town County While Mat while at wark causes stated abave, (1) (we) (did nat) view the bady after death. DIRECTOR L 220 ADDRESS Old Georgetown Rd., Bethesda, Md. 22d. PHYS CIAN S Joseph D. Connor NAME/Type) 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (County) (State) Gate of Heaven Cemetery Silver Spring, Montgomery. Carbalver Springoristiaryland 25a. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE Pumphrey, Inc., 8434 Georgia Avenue DAMAY



VI	Įt	ems 18&222 Film 413 MARYLAND STATE DEPARTMENT OF HEALTH 2-69 amg Division of Vital Records, 301 W. Preston Street, Baltimore, MARYLAND 21201	
FOR STATE		07047 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07037
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year 25 HOUR
of ge to		ype or Print)  JOHN  HOWARD Chadwick,  DEATH MATED 5-7	6919 6:45IP
deloy	3. 5		2d HOUR
y delo	_	Tale White 3/17/25 44 yrs Months Day Mours Min Month Day May 7	year 1969 6:45#
E 7 E	70 (86/r	SIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED XINEVER MARRIED 9. COUNTY OF DEATH	
ooth ooges th for Stote	10 6	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done)	12b KIND OF BUSINESS OR
o × o /		que street address)   during mast af warking ife, eyen if retired   1	INDUSTRY
and the state of t		Silver Spring, Md.   Holy Cross Hospital   Sales Executive    JSJAL RESIDENCE (Where deceased   yed, if institution, Residence before   13c. CTY OR TOWN   13d   MISIDE CTY LAW 152   13e   STREET AND NUMBER	
hours ofter of the office along longs with the office along with the office death		Im ssion) STATE Md. NAD COUNTY Haward Laurel YES NO 2 1225 Martalini	Dr.
be executed within 24 hours of "pending" in pencil in Item-18-ief Medicol Exominer's Office, all nsit permit. File pages 1 and 2 went within 72 hours after dec	14. 5	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 P		John Haward Chadwick Killian F. Bas	Men
hin 24 neil in niner's pages hours		VAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO  17. INFORMANT  Mr. Betty Chadwick 357, ADDRESS  Mr. Betty Chadwick 11225 Martel 1:	* 1 5
wrf n per Exon File	-	11/2) 1943-1946/44-18-2453	ini Dr.
be executed "pending" in ief Medicol E. nisit permit. Fevent within		PART   DEATH WAS CAUSED BY Acute coronary insufficiency	BETWEEN ONSET AND DEATH
xecuted nding" in Medicol permit.		IMMEDIATE CAUSE (a)	
pen pen ef M ven		Conditions, if ony, which gave ) Due 10, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	
ony e		rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
te should be the word "per the word "per to the Chief I o burial-tronsit and in ony ever		lost. (c)	
AL EXAMINER: This certificate should be executed within 24 execute the certificate, writing the word "pending" in pencil in ir. Page 4 should be forwarded to the Chief Medicol Examiner's 1 for your files.  TOR: Page 3 should be used as a burial-transit permit. File pages urial, cremation, or removal, and in any event within 72 hours aminer notified.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rufica ruting rarded ed os	NOT	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
is certificate, writing forward of the used of the use	CERTIFICATION	WAS PERFORMED?	YES X NO
INER: This e certificate, should be for files. 3 should be e orion, or rer		21o. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, It	
ther: The certifice should by files.  3 should lotion, or notion, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P M 19	
EXAMINER: cute the certifuge 4 should ryour files. Page 3 should, cremotion, iner not	ME	2.6 INJURY OCCURRED  WHATE NOT WHATE FOR PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21- PLACE OF INJURY (At home, form, street, foctory, office building, etc.)	County State
bical Examileose execute the director. Page 4 stained for your birector. Page 7 to burial, crement to burial, crement examiner		AT WORK AT WORK	,
ICAL E executor. Paged for CTOR: burial, burial,		220. I certify that I taok charge of the remains described above, held an Autopsy XI, Inspection X Inquiry X	ond in my opinion
pleose exe pleose exe I director. P retained fo DIRECTOR or to burio		death resulted trong Natural causes [2], Accident [], Suicide [], Hamicide [], Undetermined manner	
Typeose y, pleose erol direct sal prior to b yal exi		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER 22b. DATE	SIGNED
ory, planerol of person of		SIGNATURE MD ASSISTANCE AND ASSISTAN	7 10/0
O DEPUTY DICA necessory, please extra the funeral director. 5 may be retained to FUNERAL DIRECTO FUNERAL DIRECTOR Health prior to bur Meditical exact		NAME (Type) 26-LOEN / CAP (4) Source (Control of Support)	7/16/
To He He He	230	BURIAL CREMATION, 23D DATE 235 NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town)	(County) (State)
	1	Sural 5/10/69 Emmanuel Cemetery Scorggsmill	e mal
12.415.45.4	24	ADDRESS Lawrel Dark REGISTRAR 200 REGISTRAR STORES Lawrel DATM V 19 1969 Follows	SIGNATURE
VR A15ME (5)	1	Graldran Puneral Home Laurel ONTMAY 19 1969 Jellian	-



<i>Y</i> 1		07042	DIVISION OF VITAL RI		PRESTON STREET.		YLAND 21201		
7		(11028			ICATE OF DEA			7038	
		ECEASED NAME First Type or print) Tanada		ddie	Lost	2a. DATE OF	DEATH	2b HO	UR
deo deo		Tuc11		Lla	CHRISTENSEN		Month 21 Day	69 Yeor 615	PM
Her Her	3. \$		4. RACE		S DATE OF BIRTH		6. AGE (In years lost birthday) 64 YRS.	IF UNDER YEAR IF UNDER 74 3 MONTHS DAYS HOURS	HRS
SE VAN	-	Female	Caucasian		Nov. 3,			MONTHS DAYS HOURS	
hor hor	(00	BIRTHPLACE (Stote or fore gn ntry)  Illinois	'b. CITIZEN OF WHAT COUNTR' USA	MPARKI	D NEVER MARRIED				
led led oppose in 72		CITY OR TOWN OF DEATH		WIDOWI TTAL OR INSTITUTION (	lineid (	. USUAL OCCUPATION	tgomery	12b. KIND OF BUSINESS OR	Md
withir bon pour		Bethesda	give street oddres	s) Naval Ho	spital dun	ng mast of work no l	(e, even if retired)	INDISTRY N A	i
cuted cuted omplet ve car event,	13a odrr	USUAL RESIDENCE (Where deceased ission) STATE Maryland	lived, a nstitution: Residen 13b COUNTY Montgon	ce before 13c CITY	or town 33 inside the sda YES		eet and number 509 Montro	se Ave.	
P E S	14	FATHER'S NAME First	Middle	Last	IS MOTHER'S MAIDEN NA		Middle	Lost	
( a) , b = E		Henry	Siegent				on Griebau		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Page 7 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	160	WAS DECEASED EVER IN U.S. ARMEI (es, notes unknown) (If yes give wor	or dotes of service) 16b. SOCIAL 219		Mrs. Barbar			illford,Conn seshoe Rd.	
The P		1B. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane cause per me far (a), (l	) and (c) ]				APPROX MATE INTERVAL BETWEEN ONSET AND DEATH	н
eoth endir nit. or re	1	PART I DEATH WAS CAUSED I	BY Intra	cerebral	hemorrhage				
atte perrion,	1	7217	DUE TO, OR AS A CONSEQ	LIENCE OF					
the the mat		Canditians, it any, which gave a rise to immediate cause (a), (	(b)						
s the		stating the underlying cause lost.	DUE TO, OR AS A CONSEQ	UENCE OF					
uire hysia gne urial		PART 2 OTHER SIGNIFICANT COND	(c)	TH RUT MAY PELATER	TO THE TERMINAL DISEAS	E OR CONDITION GIVEN	IN PART I(a)		
C Parage of the state of the st		THE A STILL SOUTH CORD	Thoris contribution to be	MI DOI NOT KECHILD	TO THE TERMINAL DITTEL	C OKCOMBITION CITCH	M (AKI I(0)		
law bee	CERTIFICATION	19a DATE OF OPERAT ON 19b CO	ONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b IF	YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING	-
12 S H H S H I	I E				YES 🔀 N	IO CAUSES	OF DEATH?Yes		
Cote of the of t		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	215 TIME OF INJURY HOUR A.M. Month D	21c	HOW INJURY OCCURRED	(Enter noture of injury	in Part 1 or Part 2, li	em IB.)	
SICI.	MEDICAL	(If either, notify medical examine	r) P.M.	19					
PHY the ho this of detach	-	at work at work	ACE OF INJURY (AT HOME FARE OFFICE BUILDS				or Tawn	County State	
by iffer be Stot		22a   certify that (1) (this saw the deceased all causes stated drave;	haspital) ottended the	deceased from_	May 19 ,	19 <u>69</u> , ta <u>N</u>	lay 21 , 196	29, that <b>x</b> (t) (we)	lost
PR: A		causes stated of ave,	Kon (we) (aid) (december)	iew the bady after	ina mai in (2014) (our er deoth.	) opinion deoth of	ccurred on the dot	e and hour and tram	the
A Professional A Prof		2 b SIGNATURE					22c D	ATE SIGNED	
OR DIRI		Van J	X mount	DF	GREE PHYS	DIRECTOR	STAFF May	23, 1969	
moy moy r., po		22d PHYSICIAN'S NAME (Type) Eva	ns Piamond, 1	1. D.	22e. ADDRESS Naval H	ospital. H	ethesda. N	Iđ.	
HOS ge 4 FUNI cecto	23a	BURIAL, CREMATION, 23b DA	TE 23c	NAME OF CEMETERY			(City or Town)	(County) (State)	
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II ADVI AND CTATE DEDADTHENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07043 CERTIFICATE OF DEATH 07639 DECEASED NAME First Middle lasi 20 DATE OF DEATH 2b HOURD within 24 haurs after death. (Type or print) Henri deBalathier CLATBORNE Mav 3 SEX A RACE S DATE OF BIRTH F JINDER 1 YEAR 6 AGE (In years Male lost 5 doy) Caucasian Aug. 11, 1903 the attending physician and campletely filled in by the sist permit. Then please remaive carban papers. Pag 7a BIRTHPLACE (State or fare an 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED TENEVER MARRIED 9 COUNTY OF DEATH (country) Louisiana Montgomery USA WIDOWED [7] DIVORCED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Nous RY Officer giver the Hospital during most of working life, even if refired) Rethesda 30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CTTY LIMITS? 13e STREET AND NUMBER requires that the death certificate by executed odmission) Wirginia 13by COUNTY Essex Center Cross YES [7] 大小士士 14 FATHER S NAME Middle Lost IS MOTHER'S MAIDEN NAME First M. ddle Last Fernand Villere Claiborne Louise 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) 224-62-2768 Mrs. Harriot Claiborne, Center Cross, Va. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY. Carcinoma of the Esophagus o mos. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit o Conditions, if ony, which gave t rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar tal 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO TO 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Caunty Stote While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from April 27, 1969, to May 5, 1969, that (1) (we) last saw the deceased arive an May 5, 1969, and that in (10) (our) apinion death accurred on the date and hour and from the causes stated abave, (t) (we) (did) (didnox) view the bady ofter death. 22b SIGNATURE 22c DATE SIGNED ATTENDING 6 May 1969 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME(Type)MITCHELL MILLS. CDR MC USN Naval Hospital, Bethesda, Maryland 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b DATE 23d LOCATION (City or Town) (County) (Stote) By REMOVAL (Specify) 5-8-69 Arlington National Cem. Arlington,

24 FUNERAL DIRECTORROBert A. Pumphrey ADDRESS Funeral Home 250 RECD BY REGISTRAR 7557 Wisconsin Ave. Bethesda. Maryland DATE 12 15

7557 Wisconsin Ave., Bethesda, Maryland

256 REGISTRAR'S SIGNATURE

VR A15 (4) 45M 1/69



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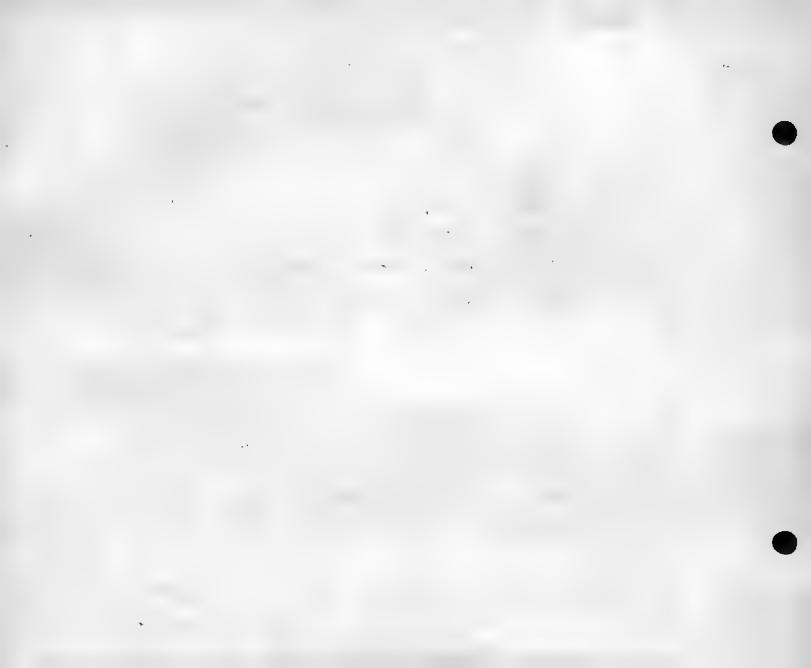
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11		MARYLAND STATE DEPARTMENT OF HEALTH	
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VR A15 [4] 45M 1/69	1	C.E. Minnie	A Greencastle R	stelle DAVI	Y 1 2 1969 goles	velas Justice





. 1	Ttems 10-20a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH  5-25-4 April Solvision of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07044
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Yeor 2b (Type or Print) / District Margo Del May 77 1969 / 1
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	130 USUAL RES DENCE (Where decessed/fived, if institut on Residence before 13c CITY OR TOWN odmiss on) STATE 13b COUNTY 7 + 1
hours Item 1 Office Iond 2	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	in on By Cravers III Cille Striger
A pencil in Exominer's File pages n 72 hours	(Yes, no, or unknown) (Hyas give worter dottes of service) (1528-34-6033   Mrs. Alison Cravens   ADDRESS Alex., Va.
,	18. CAUSE OF DEATH (Enter only one couse per line for (o). (b) and (c) PART I DEATH WAS CAUSED BY  PART I DEATH WAS CAUSED BY  PART I DEATH WAS CAUSED BY
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be e pen nef A nrsit	Conditions, if ony, which gove (b) Overdose of barbiturates
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CAL EXAMINER: execute the cert for. Page 4 shouls of for your files. CTOR: Page 3 shou	WHILE NOT WHILE TO Foctory, office building, etc.)  Ar WORK Af WORK Apartnent 10690 Weymouth Ave. Bethesda Montg. Md.
F P P P P P P P P P P P P P P P P P P P	22a   certify that I taak charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X], and in my ap death resulted from Natural causes [], Accident [], Suicide [X], Hamicide [], Undetermined manner []
	CHIEF MEDICAL EXAMINER
nry, ple erol d be ret RAL D prior	SIGNATURE Color - Bell - MD ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED
o DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR. Page Health prior to burnal, crem	EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER TO ADDRESS(Street, city, town, or county)
the	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry or Town) (County) (Stote)
	Burial may 16, 1969 Baltimore National Baltimore, Maryland
VR ATSME (S)	24 FUNERAL DIRECTOR LE Maries ADDRESS 250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE
10M REV 1 61 PVK	Cunningham Funeral Home, Inc. Alex., Va. DAF 17 1 5 1969



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FOR STATE	5-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7045
HEALTH DEPT.		ECEASED NAME Fust Middle Lost Zo DATE KNOWN Month [	Doy Year 2b HOUR
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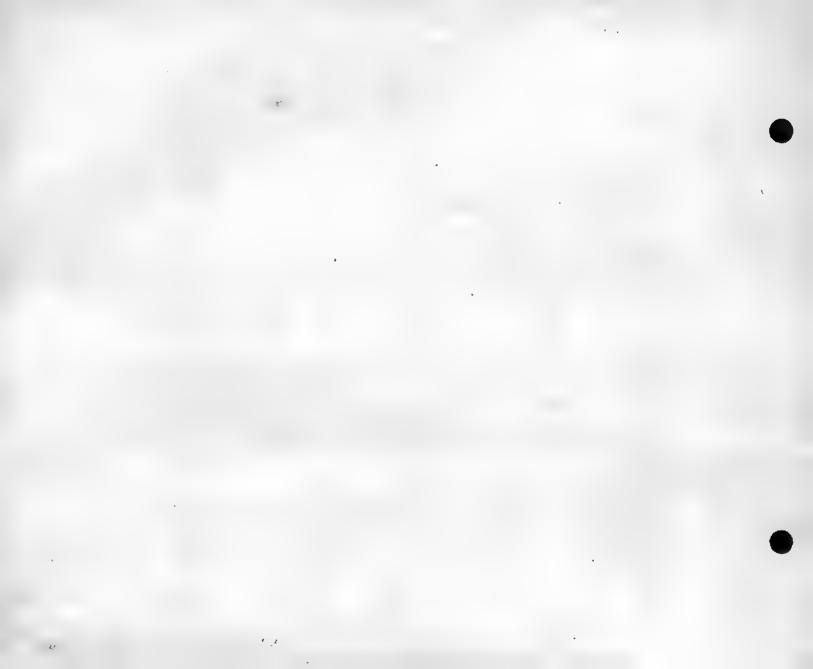


MARYLAND STATE DEPARTMENT OF HEALTH \_ 07050 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07046 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle and 2 death. last 2g DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 haurs after death. (Type or pnnt) sickn and completely filled in by the funeral please remove carban papers. By see I and II, and in any event, within 72 bours after deat Gwendolyn CRUMPACKER May Monier 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years HE LINDER 24 MRS iast birthday) Female Caucasian Sept. 13, 1910 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH B. MARRIED THEYER MARRIED USA Montgomery Washington, D.C. WIDOWED | DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress Naval Hospital during most of worlding life, even if retired ) **INDUSTRY** Bethesda 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER 16/P COUNTY YES 3717 North Nelson Street Arlington Arlington burial, crematian, ar remaval, and in any 14. FATHER S NAME Middle IS MOTHER'S MA, DEN NAME First First Last Middle signed by the attending physician and burial-transit permit. Then please-rest Lost Henry BINSTED John Frances SMTTH St. Arlington, Va. Address 166 SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no at unknown) 7-46-9428 RADM John W. CRUMPACKER, 3717 North Nelson 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY Glioblastoma multiforme IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior tall 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO: 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) O HOSPITAL OR ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street on R.F.D. No City or Tawn Stote County While Nat while at work 220. I certify that (1) (this hospital) attended the deceased from Jan 14 , 19 69 , to May 13 , 19 69 , that (1) (we) lost saw he deceased along an May 13 , 1969 , and that in (12) (our) apinion death accurred on the date and have and from the couses stated abave, (we) (did) (dia now) view the body after death. 22b STOMATURE 22c. DATE SIGNED MED DIRECTOR STAFF PHYS May 13, 1969 DEGREE 22d. PHYSICIAN 22e ADDRESS NAME (Type) Evans Diamond Naval Hospital. Bethesda. Maryland 23a. BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVA (Specifyh Arlington National Cemetery Arlington, Arlington, Va, 25 MEGO BY REGISTRATES 256 REGISTRATE SIGNATURE Arlington Funeral Herris 11 24 FUNERAL DIRECTOR VR A15 (4) 45M - 1/69

DATE

3901 North Fairfax Drive, Arlington,

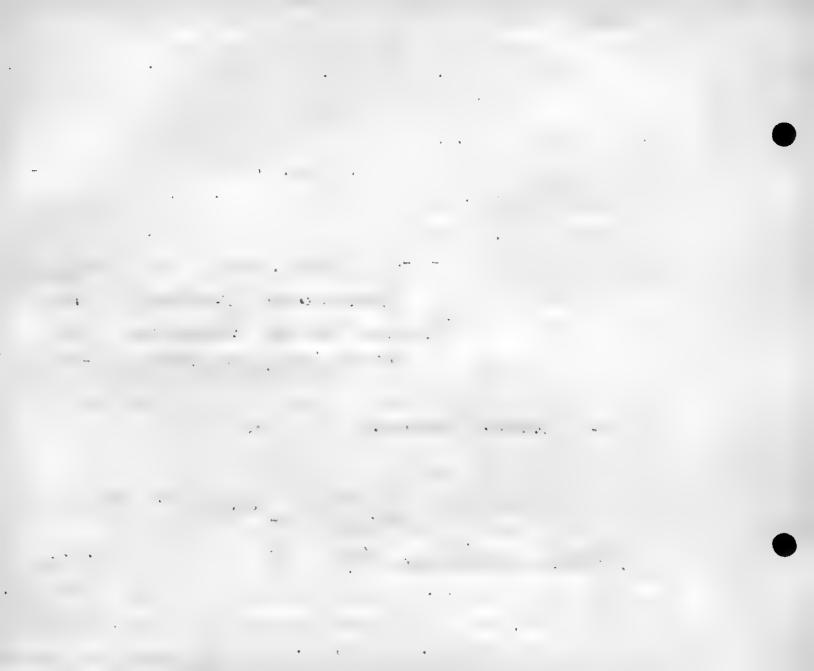




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3	the law requires the aftending physician. has been signed by se as the burial-train harior to burial, cre	2	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO TH	E TERMINAL D	SEASE OR CONDITIO	ON GIVEN IN PART 1(a)			
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	CIAN: ital or ifficate I far us	MEDICAL CER	210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAJSE OF DEA	TH HOUR A.M. M	URY onth Day Year 19	21c. HOW	INJURY OCCUR	RED (Enter noture	of injury in Part 1 or Pa	ort 2, Item 18.	)	
	DING PHYSICIAN: by the haspital or After this certificate be detached for a State Dept. of Hea	WE	21d. INJURY OCCURRED 21e While Not while at wark	. PLACE OF INJURY (AT H	OME, FARM, STREET, FACT CE BUILDING ETC	ORY.) 21f. LOCAT	ION Street or	R F D. No.	City or Town	Coun	ty	State
by the fifter to be do do State	ENDING ned by th R: After t uid be di the State		22a. I certify that (I) (the saw the deceased courses stated above	nis hospital) attendo	not) view the b	d fram	not in (my) (	, 19.3 7, ( <del>our)</del> opinion (	ta	, 19 <u>6 5</u> he dote onc	, that (I I hour or	l) (we) lost nd from the
	OR ATTENI be retained SIRECTOR: A e 3 shauld ed with the		22b. SIGNATURE	Bonn	and	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF	22c. DATE SIG		
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	Page 4 may TO FUNERAL I director, pag should be fil	230	BURIAL, (REMATION, REMOVAL (Specify)	DATE 5-23-69	Burton	EMETERY OR CRE	Union	E	LOCATION (Gity or Town)	Mont	. M	(State)
	VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR H. Bar	ber Layte	onsville,	Md.	- 1	MAY 22	0.007	TRAR'S SIGNATI	JRE ARAGA	ř.
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	3 SE		4 RA			2	DATE OF BIRTH		6. AGE (in years last buthday)	MONTHS DAYS	HOURS MIN.
	_	Female		White			May 14		last bithday) YRS		
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	H	NO COURT OF DE	NOITE		- 3	, 80 M.T.	LIAM G.	David	Same a		
		PART I. DEAT	ATH (Enter anly one co		ir (a), (b), and (c)	Eutra.	Aleman	1 1/0	march.	BETWEEN ON	SET AND DEATH
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		-	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	ORCONDITION G	VEN IN PART I(o)		
							- (		* *		
	CERTIFICATION	19a. DATE OF OPER	ATION 19b. CONDITIO	N FOR WHICH (	PERATION WAS PE	RFORMED	20a. AUTOPSY?		IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
	THIC	5-7-6	9 Corps	bras	Aneur	(3M)	YES NO	CAL	SES OF DEATH?		
		210 ACCIDENT W		6 TIME OF INJ	URY	21c. HO\	V INJURY OCCURRED	Enter nature of i	njusy in Part I ar Part 2	, Item 18.)	
	MEDICAL	OR CONTRIBUTING	CAUSE OF DEATH HE	OUR A.M. M P.M.	anth Day Year	9					
	ME	21d INHIRY OCCI	IRRED 21e PLACE OF	F INJURY (AT H	OME, FARM, STREET, FA	CTORY.) 21f LOC	ATION Street or R.F.C	). No (	ity ar Tawn	Caunty	State
		While Nat wl									
		22o. I certify	that (I) (this hasp	ital) attend	ed the deceos	ed from c	) - 4	19.06, to_	h occurred on the d	964 , that	(I) (awe) last
		saw the	deceased alive on	<u></u>	noth view the	hody ofter de	thot in (my) ( <del>eur</del> )	opinian deat	h occurred on the d	late and haur a	nd fram the
		22b SIGNATURE	died dbove, (i) (*	re) (ulu) (ulu	nioi į view ilie	body/difer de			72,	. DATE SIGNED	
		777	IONIA.	XIDOT	H. Ou	e best	ATTENDING PHYS	MED DIRECTOR E	STAFF D	5-11-6	6
		22d. PHYSICIANS	windu.	MILLI	u uu	7 100	22e. ADDRESS	DIRECTOR L	- (III)  C	7. 0	7-
1		NAME (Tyle)	J. Will	iams	M.D.			Broad 1	Brook Dr.	Rethes	da, Md,
	230	BURIAL CREMATIC	N, 23b DATE			CEMETERY OR C			TION (City or Town)		(State)
		REMOVAL (Specify	5/13/	1969			In Camet	ant Col	mar Manor	. Marv	
^	24.	FUNERAL DIRECTOR	10,20%		ADDRESS		25a. RE	C'D BY REGISTRAI	2Sb. REGISTRAR	t's signature	
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/ Je	The		18. CAUSE OF DE	ATH (Enter only o	one cause per line	far (a), (b), and (c)	))	0		. 7	, –, .	APPROX.M BETWEEN ON	IATE INTERVAL ISET AND DEATH
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at a	h b c	≝						YES 🗀	NO 🔀	CAUSES	OF DEATH?		
ž ö	ag c n	l e	21o. ACCIDENT WA		21b. TIME OF			W INJURY OCC	URRED (Enter n	oture of injur	y in Part 1 or Port 2,	Item 18.)	
E.E	######################################	MEDICAL	OR CONTRIBUTING [	CAUSE OF CEATH  iedical examiner	HOUR A.M P.M.	Manth Day Year	9						
G PHYSICIAN: the haspital or	pt.	WE.	21d INJURY OCCU	RRED 21e. PL	ACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC		ATION Street	ar R.F.D. No.	City	or Tawn	County	State
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TO HOS	act C.	23a	BURIAL, CREMATION	N, 23b DA1	TÉ	23c NAME OF	CEMETERY OR C	REMATORY		23d, LOCATIO	N (City or Town)	(County)	(State)
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		3. 5	SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years   FUND	ER I YEAR   IF UNDER 24 HRS
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. The should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.	. 14.	FATHER'S NAME First Middle DUCKETT IS. MOTHER'S MA DEN NAME First Middle Harr	ison
	ficate ysiciar pleas al, and	160	a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 10 of Unknown) ("Yes 10 46 - 60"   16b. Social Security No.   17 INFORMANT   Virginia Address   Mrs. Eliza Duckett, 2419 King St. A	Alexandria
	certi g ph Then mav	F	18. CAUSE OF DEATH (Enter any one cause per sine for (a), (b), and (c).)	APPROXIMATE INTERVAL
	ath ndin iit.		PART I. DEATH WAS CAUSED BY  IMMEDIATE (AUSE (a) Glioblastoma multiforme	BETWEEN ONSET AND DEATH
	e de atte		1929 DUE TO, OR AS A CONSEQUENCE OF	
	the the sit i		Canditions, if any, which gave (b).	
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es.	equires the physician signed by burial-traisburial, cre		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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	law endir bee bee s bee s th	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
	The after has	ME	YES 🔼 NO 🗌 CAUSES OF DEATH? Yes	
	ital autificate de far u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 10 contributingcause of Death (If either, notify medical examiner)  P.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	.)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	ME	21d. INJURY OCCURRED While Not while of work o	rty State
	ING by the fiter be d state	1	220. I certify that (I) (this hospital) attended the deceased from Oct. 2, 1968, to May 25, 1969 saw the deceased alive on May 25, 1969, and that in (may) (our) opinion death occurred on the date and	, that (t) (we) lost
	R: A uld		sew the deceosed olive on May 25 19.69, and that in (my) (our) opinion death occurred on the date one courses stated above, (1) (we) (did) (did) (did) (with the body offer death	d hour <mark>ond</mark> from the
	AT Sho	1	226 SIGNATURE 22c DATE SI	
	DIRE 3	$\bot$		7, 1969
	PITAL FRAL or, pag d be fi		22d PHYSICIAN'S NAME (Type) Lawrence J. Mervis, M.D. 22e ADDRESS Naval Hospital, Bethesda, Md.	
	Page 4 O FUN directo	230	BURIAL, CREMATON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (Court	
	5 P 5	L	REMARKETY) 5/28/69 Arlington National Arlington Arlingt	
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11/	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	07057 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07053
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 20. DATE KNOWN Mont	
	I type of Printi	
Page Page	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years 1 year 1 year 1 year 2 year 20. DATE PRONOUNCED DEAD	-3 19 (5) 10 9 M
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ris (	Robert Wiston Bary Jane one	Hugre ,
	160 WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 215-54-7152 J-1 - Frances Larrison	- Sil Derina
be executed wit "pending" in per inef Medical Exon insit permit. File event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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s o bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)	
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is certific te, writin forword forword e used or	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This create, be for a factor of the under create of the under crea	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? R. Pacif J. Frature Hill 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2	YES 🗌 NO 💢
		, Item 18.)
(AMINER: te the certified to the certifi	PRIMARY OF CONTRIBUTING A HOUR AM 15/19 19 69 Fell-in murson horre  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street). 21f LOCATION Street or R.E.D. No. (ity or Town)	
State of the state		County State
EXAMIRER: ute the cert oge 4 shoul your files. Poge 3 shoul f, cremation	AT WORK AT WOR	ing Wort, Mal
Pogor J	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	
DEPUTY DICAL E	death resulted from. Natural causes, Accident 🔀, Suicide, Hamicide, Undetermined manner	and a second
please please retained retained to bix to bix	ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF	TF CLOUPD
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VR A15ME (5)		R'S SIGNATURE
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-	ก7059		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201 07055
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<ul><li>= € -2€</li></ul>	1 DECEASED NAME	First Middle	Last	20 DATE OF DEATH 2b HOUR
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nding nding been s the ior ta	190 DATE OF OPERATION	195 CONDITION FOR WHICH OPERATION WAS PE	REFORMED 20g. AUTOPSY?	205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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	While Not while of work			
ATTENDING stained by th CTOR: After t should be do	22a. I certify that (I	(this haspital) attended the decease	ed from Lec / 196	3, to 17 ac 6, 1967, that (1) (we) last ian death accurred an the dote and have and from the
	saw the decease	bave, (I) (we) (did) (did not) view the	965, and that in (my) (our) opin	ian death accurred on the dote and haur and from the
t tain tain tain tain tain tain tain tai	22b. S-GNATURE	pave, (1) (was (ala) (ala ser) view ine	oddy affer death.	22c DATE SIGNED
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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	NAME (Type)	ill! Cellenbe	11 162	9 Cal RO
O HOSPI Page 4 m O FUNER director,	23a BUR AL, CREMATION,	23b. DATE 123c. NAME OF	CEMETERY OR CREMATORY	23d. LOCALON (City or Town) (County) (State)
0 0 0	Burial (Specify)		ill Cemetery	Suitland, Frince Georges Co. Md.
VR AIS A	24 FUNERAL DIRECTOR	JOSEPH GAWLER'S SON, ARRESS	2So RECD BY	REGISTRAR 25b REGISTRAR'S S GNATURE
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FOR STATE		87060	DIVISION OF			VER'S CERTIF			AND ZIZOI		070	156
HEALTH DEPT.		DECEASED NAME	First	MEDICAL	Middle	TER 5 CERTIFIC	Last	-	2a. DATE KNOW		Day	Year 2b. HOUR
ay is 3 ta Page Page	1	Type or Print)	Joseph		W	Eason			OF ESTI DEATH MATE		14	1,6912:45
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	14.	FATHER'S NAME	Pirst O.	Middle	for i	ost Is. Mol	HER'S MA DEN VA	ME First		Middle)	10-	los
within 24 n pencil in Examiner's File pages 172 haurs		WAS DECEASED EVER IN (es, no, or unklib)(n)	U.S. ARMED FORCE (If yes give were or		SOCIAL SECURI	TY NO. 17 INFOR	MANT MIKES.	lettie)	bush	DDRESS 60	7-Ra	y strib
<b>INER:</b> This certificate shauld be executed within 24 in ereitificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's files.  3 shauld be used as a burial-transit permit File pages nation, or removal, and in any event within 72 hours		Conditions, if ony, on the stating the underly lost.	I WAS CAUSED BY. IMMEDIATE CA which gave cause (a)	10	CONSEQUENCE	high c	ation	0-	nel	lo	APP BETWE	PROX MATE MITER AR EEN ONSET AND DEATH
ficate sing the rded ta	2	PART 2 OTHER S GNI	FICANT CONDITION	S CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION	G.VEN IN PART	1(0)		
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CAL EXAMINER: execute the certifur. Page 4 shauld for your files. CTOR: Page 3 shauburial, cremation,	W	2 d. NJURY OCCURR  WHILE NOT WH AT WORK AT WOR	ED 21e PLACE foctody,	OF, N.URY (At ha affice building, etc	me, farm, stre )	211 LOCAT	ON Street of R.F.D.	-el C	City or Tox	px my	necounty	m Male
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ro DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 S may be retained for your to FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S NAME (Type)	ELDEN	R.	FEA	PMP	ABOVE STATE	BICA, EXAMIN	er or county)	TAY	14-1	969
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	MARYLAND STATE DEPARTMENT OF HEALTH
The state of the s	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Ltem#16bFilm#G412 Medical Examiner's Certificate of Death
FOR STATE	TO MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	I. DECEASED NAME  (Type or Print)  OF ESTI-  O
to de of	1 (1) 27) ay Remote I 663 DEATH MATED \$ 3 10 1967 8 13
deloy and 3 13. Po	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years 1. FUNDER 1 YEAR F JNDER 24 HRS 20 DATE PRONOUNCED DEAD 20 HOURS MIN MOUTH - DRY 100 MOUTH - DRY 100 MIN MOUTH - DRY 100 MOUTH - DRY 100 MIN M
ny delay is 2, and 3 to PM3. Page	112 Le White 5/14/34 35 YRS Trace 16 1969 17
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Form of the D	ountry Hartford Cown U. J. St. WIDOWED DIVORCED MONTH 1 (1) 21/
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within 24 hours after death pencil in trem 18 Give Pogi xamine 5 Office along with ille pages 1 and 2 with the Sta 72 hours ofter aeoth.	730 He 25da. Suburban Oceanograther -
s after 18 Giv along	30 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN 3d ANSDECTIVE LAW 157 13e. STREET AND NUMBER Odmission) STATE XXd 13b. COUNTY XX ON TO COUNTY XX
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ncil in niners pages hours	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 10b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS \$3 RIGGE CENTRAL (Yes, no), or unknown) (If yes give wor or doles of service) 047-4/2/5 30-4 30-8 30-8 30-8 47-4/2/5 30-4 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 30-8 47-4/2/5 30-8 4
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MINER: This certificate should be executed within the certificate, writing the word "pending" in pencil if should be forworded to the Chief Medical Examiner files.  B. 3 should be used as a burial-transit permit. File page motion, or removal and in any event within 72 hour	TES NO
(AMINER: The te the certificate 4 should be your files. age 3 should te cremotion, or	
NER: e cert should files. 3 shou	Cause of Death 2014 1/20 1/20 1/20 1/20 1/20 1/20 1/20 1/20
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Pog Pog iot,	220. I certify that I took charge of the remains described above, held on Autopsy 🔲, Inspection 💢, Inquiry 🛣, and in my opinio
HCAL I	deoth resulted from Notural causes, Accident, Suicide, Hamicide, Undetermined monner
S S S S S S	CHIEF MEDICAL EXAMINER
> \0 . = L \	SIGNATURE MD. ASS STANT MED CAL EXAMINER 226 DATE SIGNED -
Sary, mero / be //	DEPLITY MED CALLEXAMINER XX WARM 16,1767
necessary, please the funerol director S may be retained for FUNERAL DIRECT Health pnar to bu	NAME (Type) John G Pall ADDRESS(Street, city, town, or county) Bethosda, Md
5 a 4 2 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CREMERY OR CREMATION (Store) (County) (Store)
	Burial May 19, 1969 Fairwick Comptent West Harford Conn.
	24 FUNERAL DIRECTOR Robert A Pumphrey 7557 Wisconsin Ave
VR A15ME (5) 10M REV 1/68	Robert A Pumphrey 7557 Wisconsin Ave DAMMAY 21 1969



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07658 CERTIFICATE OF DEATH Lost 2n DATE OF DEATH 1. DECEASED-NAME Eurst Middle 2b HOURA and 2 death. (Type or print) Eileen Eddy May after 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE ( n years IF JHOER TYEAR last byrthday) MONTHS 5 March 1911 Female White requires that the death certificate be executed within 24 hours and completely filled in by remove transpositions papers. 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED 🔀 NEVER MARRIED (country) Missouri USA DIVORCED [ Montgomery WIDOWED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired ) Bethesda Center, NIH **DEUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached far use as the burial transit permit. Then please sember than should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE C.TY JM.TS? 13e STREET AND NUMBER 13b COUNTY odmission) STATE YES X Alexandria 5325 Polk Avenue 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Lost Lost Ritter O'Daniel Ruth Edgar Not Available The Medical Records, The Clinical Center 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wat at dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Bilateral Bronchopneumonia with Sepsis Deys DUE TO, OR AS A CONSEQUENCE OF Shock Secondary to (A) and to Conditions, if ony, which gave ) Hours-Days (b) Retroperitoneal Hemorrhage rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse 4/7 - 5/2 Acute Myelogenous Leukemia PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES THE NO | Yes 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that 24 (this haspital) attended the deceased from ADTLY, 1969, to May 3, 1969, that 20k (we) last saw the deceased alive an May 3, 1969, and that in (35) (aur) apinian death accurred an the date and haur and from the causes stated above, (we) (did) (did) (did) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR 3 May 1969 Х PHYS 22d. PHYSICIAN S 22e. ADDRESS The Clinical Center, National NAME (Type) Institutes of Health, Bethesda, Md. Richard J. Samaha. 23d LOCATION (City or Town) 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) DIT 5/4/69 250 RECD BY REGISTRAR
DATE Suitland, Md. Cedar 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Greene Juneral Home, Alexandria, 30M REV

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7.5	4 1		07063 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Б	`	Ιt	emll FilmG413 6/11/69 kk CERTIFICATE OF DEATH
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	after fu	3. SE	S. DATE OF BIRTH  Gast birthday)  MONTHS DAYS HOURS MAIN.
	ours ours		IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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	executed within 24 haurs after Leath and campletely filled in by the funeral emave carban papels. Figes 1 and any event, within 72 haurs after death		ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)
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	e ext	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost VILLIAM DUKE MAME TITUS
	ase and in dia	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address ARLIVA
1 %	entificate be exe physician and on hen please rem naval, and in any	Ľ	es, no orunknown) (it yes give wor ar dates of service) 223-01-0302 BURNELLE, SORENSON 1111 AKMY-NAUY DR
	at the death cell the attending property. The mation, ar remains		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  BETWEEN ONSET AND DEATH  DART I DEATH WAS CAUSED BY
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	at a se	ERTIF	YES NO ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hem 18.)
	CIAN Ital c far far f Hee	ਤੋ	OR CONTR BUTING CAUSE OF DEATH (If either, not ify medical examiner)  HOUR A.M. Month Day Yeor 19
	haspin cert	GW.	21d. INJURY OCCURRED 21e, PLACE OF INJURY / AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town. County State
	the this detce to De		
	Affer Affer Store		220. I certify that (I) (this haspital) attended the deceosed from 1969, on that in (my) (aur) opinion death occurred on the dote and hour and from the couses stated above, (I) (we) (did) (did not) view the bady ofter death.
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	Page O Figure		REMOVAL (Specify) JUNE 3, 1469 MAPLE VIEW. CEM MARION. KY
	VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR I UES FUNEKAL HOME ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
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7		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			7061
HEALTH DEPT.		DECEASED NAME First Middle Lost, 2g DATE KNOWN D Month	
dy 15	(	(Type or Print) Harry Warner Landrey W. DEATH MATED Mail	6. 1941 8 32
delay and 3 M3 Po	3 5	DATE OF BIRTH 6 AGE (19 years   F JNDER YEAR WINDER A HRS 2C DATE PRONOUNCED DEAD OST, DITTO DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS	2d HOUR
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Dep TH.		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?  B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH  WIDOWED DIVORCED 77 TO COUNTY OF DEATH  WIDOWED DIVORCED 77 TO COUNTY OF DEATH	
ages h fa hate	10	CITY OR DOWN OF DEATH    NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120 USUAL OCCUPATION (K.p. of work done	.2b. KIDD OF BUSINESS OR
dec ne Po	Be	ethesda grand Hospital dur ng Mechaning Le even if rehred.)	INDUSTRY
hours after death Jny ten 18. Give Pages 1, 2, o Office alang with farm PM and 2 with the State Depart after death.	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER	
2 2 2 2		MARSIAN JAN 136 COUNTY WAS A TO YES NO WEST BAYNES FATHERS NAME FIRST Modele Lost IS MOTHERS MAIDEN NAME FIRST MINIGHE	5/-
	14. 1	1/	Resolution
thin 24 incil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? LIGHT SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	BURKOUGHS
	(1	Yes, no or unknown) / Hisperground or dought service) 220072093 Harry V. Embrey, Sr. father s	same # 13
XAMINER: This certificate shauld be executed with the certificate, writing the ward "pending" in page 4 shauld be farwarded to the Chief Medical Examples.  Your files.  Yage 3 should be used as a burial transit permit. File crematian, or remaval, and in any event with in 72		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding ding ledic serm		IMMEDIATE CAUSE (o) Pullmonary edema, acute	Sudden
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ord but		nse to immediate cause (a), (b)  Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1,.
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ate and and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rtific ritin vard sd a: val,	NO.	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
is ce farv farv e use	CERTIFICATION	WAS PERFORMED?	YES K NO
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the the 4 st 4 st 2 st 3	Æ	21d INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, portion of the property of t	County State
cute cute age r ya r ya r ya i: Pag		22a. 1 certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry	2'
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TO DEPUTY EDICAL EXAMIN necessary, please execute the the funeral director. Page 4 st 5 may be retained far your in TO FUNERAL DIRECTOR: Page 3 Hearth prior to buriol, crema	230		(County) (Stote)
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AK WIDWE (SIE	1	.you meeter pockyila Maryland   hatthat J DOJ /	11 0



066 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07062 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. I. DECEASED-NAME First 20, DATE KNOWN M ddle Lost Year 2b HOUR (Type or Print) KIMBERLY OF ESTI-05 69 EVY delay and 3 IF JNDER + YEAR 6. AGE (n years IF UNDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD lost berthday) Female Wh. 02/17/69 To BIRTHP\_ACE (State or foreign NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? country) Wash . DC Office olong with form USA Montgomery DIVORCED WIDOWED IT 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of wark dane 12b KIND OF BUSINESS OF give street address) during most of working ife, even if retired.) INDUSTRY SilverSpring HolyCrossHospital

13a USLA. RESIDENCE (Where deceased lyed, if institution Residence before 13c. City OR TOWN maxmaxxxx miner odmission) STATE Md. NEW COUNTY ON TOOMERY BUST TO VES KNO [ 3510FairlandRd, Brtn. and 2 1 ofter Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME 1.ost First Middle Roger Evv Joe Anne Day Eugene /⊆ hours 4 should be forwarded to the Chief Medical Examples 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS perior 16b. SOCIAL SECURITY NO (Yes, no, or was nowe) Father, Reger-3510FairlandRd, Brtnsvl. File within 18. CAUSE OF DEATH (Enter only one couse per lip 'pending" PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a). certificate should stating the underlying cause .5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART o removol. 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? CERTIFICAT WAS PERFORMED? This the certificate, YES 🗔 NO [ pe 21g. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY [ OR CONTRIBUTING [ ] HOUR A.M cremation. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d INJURY OCCURRED 21f LOCATION Street or R F D No. City or Town (dunty State factory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page MOT WHILE AT WORK 220. I certify that Lipok charge of the remains described above, held an Autopsy and in my opinion Inspection 🔀 Inquiry X director. Accident / death resulted from Natural causes Suicide Homicide Undefermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE \_ funerol NAME (Type) the 23a BUR AL CREMATION LOCATION (City or Town) 250 REC D BY REGISTRAR 2Sb REG STRAR S SIGNATURE VR A15ME [5] 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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12	2		07067		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMOKE, MAKTLAND 21201	
/	27 42		DECEASED-NAME First	Middle	Last	20 DATE OF DEATH	07063
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		3 5		4 RACE	S DATE OF BIRTH .	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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	by the hours	cas	BIRTHPLACE (State or foreign intry)	7b CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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	th certificate be ling physician a Then please removal, and in	160	WAS DECEASED EVER IN U.S. AR/ Yes, no arunknown)   (If yes give v	MED FORCES?  Not or dates of service)  069-05-8698		note Mile & 1	e as above
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	the land the	CERTIFICATION	170 DATE OF OPERATION 178	CONDITION FOR WHICH UPERATION WAS PE	RFORMED 20a, AUTOPSY? YES NO [3]	CALIFEC OF DEATING	S CONSIDERED N CERTIFYING
	ar of		21g ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJURY	27c HOW INJURY OCCURRED (Enter		7
	StCIAI spital artifice ad fail	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M. 19			2, 110111 1011
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detacked far use as the burial-transit permit. Then please remave carbon papers shauld be filled with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72	2	at work at work	PLACE OF INJURY ( AT HOME, FARM, STREET FAC		City or Town	Caunty State
	by the		22a. I certify that (!) (th	s haspital) attended the decease	d from 111/15 , 196	5, to MARY 20,	last (ا) (معدد) العام 19 <u>6</u>
	OR ATTENE be retained JIRECTOR: A e 3 shauld ed with the		saw the deceased a causes stated above	e, (I) (we) (did) (did not) view the l	od from 1975, 1969, and that in (my) ( ) opi	nion death accufred on the	date and hour ond from the
	AT THE THE PROPERTY OF THE PRO		22b SIGNATURE	A 40 (1.1.		22	CC DATE S GNED
			Unt hun 9	· WWIES	DEGREE PHYS D	IRECTOR STAFF PHYS	May 20, 1969
	TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22d PHYSICIAN'S NAME (Type) Art)	ur J. Wilets	22e ADDRESS. 1111 Sprin	g, St. Silver S	pring, Maryalnd
	HO:	23a	BURIAL, CREMATION, 23b		TEMETERY OR CREMATORY	23d LOCATION (City of Tawn)	(Caunty) (State)
	5 5 5 2 × V	L	BENTALL Ma	4 23,1969 George	Washington Cemete	ry Hyattsville.	Maryland
	VR AID	_	FUNE OIL DIRECTOR STATES	ishatbilver 8848	ng, Maryland 250 RECD B rgig Avenne DAMAY	P REGISTRAR 256 REGISTRAL	RS SIGNATURE
	42M - Mrs	W	arner E. Pumphr	еч. Упс., 8434 Уео	rgra Huenne DAMIAT	26 1969 yella	nes years.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07064 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First M ddle 20. DATE KNOWN Month 2b HOUR (Type or Print) ESTI-9:55 2d HOUR Morris Feinstein 5-26-6910 DEATH MATED deloy & AGE (In years IF UNDER I YEAR HE UNDER 24 HRS 3 SEX 2c. DATE PRONOUNCED DEAD gud Month 邓琛 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Dep country) penn. Montpomer U. S. A. WIDOWED [ DIVORCED [ 120. SUAL OCCUPATION (Kind of work done II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12b I ND OF BUSINESS OR give street oddress) duren post of war was its even fretired) stautenberg Holv Silver Spring Cross 130 USUAL RES DENCE (Where deceosed lived if institution Residence before 13c CITY OR TOWN odmission) STATE Md. F13b COUNTY MONT. 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 世220 Eastwest Hwy. YES IXT NO [ 4 FATHER'S NAME Lost First Middle IS MOTHER'S MAIDEN NAME Middle Lost Feinstein Abraham Sarah haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1220 E.W. Hahwv (Yes, no. or anknown) (If yes give wat or dates of service) Hannah Feinstein, Wife, = APPROXIMATE INTERVA \_ 1B CAUSE OF DEATH (Enter only one cause per lipe for fa) (b), and ki RETWEEN ONSET AND DEATH with PART , DEATH WAS CAUSED BY IMMEDIATE CAUSE to) event DUE TO, OR ASTA CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a), should writing the word DUE TO OR AS A CONSEQUENCE OF stating the underlying couse . = forwarded to gud PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 õ removal 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES ě. 210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21f LOGATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) WHILE HOT WHILE 22a. I certify that I took charge of the remains described apove, held an Autopsy Inspection and in my opinion deoth resulted from: Natural causes Accident 7 Suicide Homicide Undetermined manner please CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER ğ DEPUTY MEDICAL EXAM NER 5 may TO FUNE Health NAME (Type) the BURIA, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Spec fy) 5/28/69 Israel Cong.Cem. Oxon Md Buria 250 LREC D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR S S GNATURE Bernard Danzansky & VR ATSME (3) Wash. D.C. 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



		lt.			ND STATE DEPARTMENT OF		
201.1	1			DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	07065
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			1. 2 1.	an. I II			LAL Have
£	# 42 #		CEASED-NAME First		Lost	20. DATE OF DEATH  Month Doy	2b. HOUR
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i.	更是		C-10 V	give street oddress) }	panub dunpa	most of working life, even if retired).	INDUSTRY
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ž	2 2 2 7	14	ATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAM	F First Middle	Lost
ω ω, '	Para /			A. Genwic		tie	Connelly
requires that the death certificate be executed within 24 haurs	RE NO	ᆫ	Joseph				- A4 A
E E	and		WAS DECEASED EVER IN U.S. AR				heator, Parula
<u> </u>	ave a series	l '	es, no, or unknown) (If yes give	wer or dates of service) 57,7-03-8	844 Mrs. Margare	et Germick, 3113 Me	rdway Street
Leu	ng P		19 CANCE OF DEATH (Fotor o	nly one couse per line for (o), (b), and (	411		APPROXIMATE INTERVAL
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Ē	the sit practice	1	Conditions, if any, which gove	) " (A)	My Dunda to	mat	5 mas.
ŧ	+ 12 =	ı	rise to immediate couse (a),	(II)	The state of the s	77 0 .00	
<b>=</b> 1	다른 다른 다른		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O	" Jaserice		9
Ser Ser	urenaing physician, has been signed by se as the burial-traith priar to burial, cre		last.	(t)	The Mary		I mos.
	pn) Sur Sur		PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE (	OR CONDITION GIVEN IN PART 1(0)	
3	5 6 9 6						
3	ar the	2	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
e) ÷	has been se as the h prior to	CERTIFICATION	TO DATE OF OTERATION	. CONDITION FOR WINCH OF ERMINING WAS		CAUSES OF DEATH?	ONSIDERED IN CERTIFICATION
	9 ± 8 ₹ \	E			YES, NO		
= i	ate al		216 ACCIDENT WAS UNDERLYI		21c HOW INJURY OCCURRED (E	nter noture of injury in Part 1 or Part 2, I	Item 18)
CIA CIA	를 뚫음표	3	OR CONTRIBUTING CAUSE OF DEA		00		
PHYSICIAN: The law	his certificate etached for u	MEDICAL		PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BIHLDING, ETC.	FACTORY ) 21f LOCATION Street or R.F.D.	No City or Town	County Stole
€3	this (letacl		While Not while	OFFICE BUILDING, ETC	I to conton site of Kits.	to thy or town	5.510
	der	1	of work of work			FO 24. 3	1-0
ENDING	by Tiffer frer be d State		22a. I certify that (I) (t	nis hospital) attended the deced	ised from Hille,	168, to May 2, 19	that (I) (we) lost
23	6 4 9 9		saw the deceased	dive on May 2	_19 <b>62_Z</b> , and that in (my) (our) (	opinion deoth occurred on the do	te ond hour ond from the
	E S E		causes stated abov	e, (I) (we) (dia) (aid nat) view th	e bady after death.		
A :		Н	22b. SIGNATURE	P III - A	ATTEMPLIE		DATE RIGNED
8	\$ <b>2 2 3 3 4</b>		Cr W/o	mitt mia	► DEGREE PHYS	MED STAFF DIRECTOR DIRECTOR DIRECTOR DISTAFF	5/8/69
		i .	22d. PHYSICIAN'S A 14	- ca	22e, ADDRESS /	2019 GFORLIA	AUE
71	P. ₹ a		NAME (Type)	1.SMITH	/-	LANGE AT DAY	MIN
SP	S T T T T T T T T T T T T T T T T T T T	=				WHEATON,	
운 :	Page 4 may be retained by the trappliat of attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending pays can and campletely filled in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages—and 2 should be filed with the state Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.	230		DATE 23c NAME C	of CEMETERY OR CREMATORY or Hill Cemetery	23d LOCAT ON (City or Town)	(County) (Stote)
TO HOSPITAL	P 0 5 6		BANDANT (Potata)	lay 6, 1969 Ceda	r ALL Cemetery	Sex Suitland, M	aryland
	0.60	24	FUNERAL DIRECTOR +L/ >	Ni Lazzi & O.1211 ADDRE	Straia Averue 250. REC	D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	VR A15 (4) (2) 30M REV -1 /68	17	r and ominate ma		Spring, Md. DATE!	7 (3) . 1000	Cy !!
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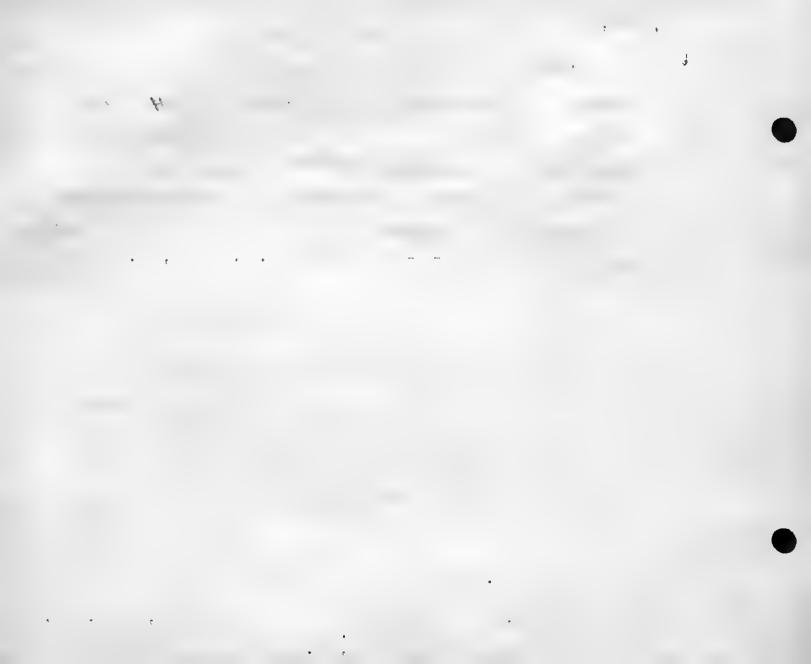


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		Γ	07070	DIVISION OF	VITAL RECORDS			RE, MARYLAND 2120	1 07	066
		L	***************************************			CERTIFICATE OF	F DEATH		13   1	903
ei.	_ ~ =		ECEASED NAME First		Middle	Lost	20	, DATE OF DEATH		2b. HOUR
eat	funeral and 2 er death	1	Thoma	2 <	nmn	Ferre	100	- Month	Day Year	245 AM
-	2- 5	3 5	EX .	4 RACE	11////	S DATE OF		6 AGE ( n years	F JNOER I YEAR	
24 hours after death	the full		Male	Cau	S		7/84	last birthday)		
- no	Por Por	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WE		8 MARRIED NEVER N	APPIED 9 CC	OUNTY OF DEATH		
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within	Œ 등 <del>도</del>	10	CITY OR TOWN OF DEATH	11. N/	AME OF HOSPITAL OR II	VSTITUTION ( f pet in hospito	1120 ESUAL OC	CUPATION (Kind of work ad working ife, even if cetire	ne 12h KIND (	OF BUSINESS OR
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ex exe	physician. signed by the attending physician and camburial-transit permit. Then please remave burial, cremation, ar removal, and in any every contact of the	14	FATHER'S NAME First	Middle	Lost	ts. MOTHER S	MA DEN NAME First	Middle	9	Lost
be	g = i.e.				_ FERR	ARO	Unk	nown		
are	physician con please oval, and ir		WAS DECEASED EVER IN U.S. ARA (es, no, or unknown)   (If yes give v	AED FORCES?	16b SOCIAL SECURITY	NO 17 INFORMANT	1.1	Addres	s	
<b>#</b>	val,	L	es, no, or unknown)			NuRS	ING Hon	10 KRCORDS-	WHEAT	ion. Tho
9	하는 유		18 CAUSE OF DEATH (Enter on	y one couse per lir	ne for (o) (b), and (c	h) a	. > 0	1 , 1	APPRO	DA MATE INTERVAL N ONSET AND DEATH
ft.	attending p permit. The		18 CAUSE OF DEATH (Enter on PART . DEATH WAS CAUSE)	D BY ATE CAUSE (o)	procon	ble my or	ardial	Withouchon		Way
de	permit.		4109		S A CONSEQUENCE OF		43	1 140		
±	the crisit pour		Conditions, if only, which gove )	001 10, 08 2	II A CONSEQUENCE OF	agueroliza	o ante	codium	cl cl	notus
at	em si		rise to immediate cause (a),	(b)	S A CONSEQUENCE OF	7 - ago	ta Cooling			
S.	physician. signed by the burial-transit burial, cremat		stoting the underlying couse lost.	(2)	3 R CONSEQUENCE OF					
nire	hysi gne Jria		PART 2 OTHER SIGNIFICANT COM	(c)	TING TO DEATH BUT I	NOT DELATED TO THE TEDAM	MAL DISEASE OR CONDU	FION COVEN IN DADE 1(-)		
PHYSICIAN: The law requires that the death certificate be		,	THAT 2 OTHER STOTALFICART COS	1) wenu	roug	TO RELATED TO THE TERMIN	MAL DISEASE OR CONDI	HON GIVEN IN PART I(0)		
W.D	hdir bee tr s th	100	190, DATE OF OPERATION 196.		ICH OPERATION WAS P	ERFORMED 200 AU	ITÓPSY?	20b IF YES, WERE FINDING	GS CONSIDERED IN	CERTIFYING
9 :	ar affending I icate has been s far use as the better the beauth prior to be the beauth pri	CERTIFICATION				YES [		CAUSES OF DEATH?	or considering in	CONTINUO .
	ireate hor far use Health	8	210. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF	INRIRY			re of ineury in Port 1 or Port	t 2 Item 183	
¥.	er Fred Fred Fred Fred Fred Fred Fred Fr	ਤ	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M	Month Day Year		reconned temps 1010	TO ST INVESTIGATION TO STORY	2, 110111 10 )	
S	ospito certifi hed 1	MEDICAL	(If either, notify medical examination of the common of th	PLACE OF INJURY	AT HOME, FARM, STREET, F.	ACTORY.) 21f. LOCATION St.	rent or RED ha	City or Town	County	Store
E.	the hospital ar this certificate detached far us te Dept af Healt		While Not while	TEACE OF INJUNE	OFFICE BUILDING, ETC	211, LOCKHON 3	reel of KTD. NO	City or town	County	21046
	by the		of work of work	>-hornital) atta	ndod the decea	ad from	1069	to Blinay	100	
2	Affer Affer be Stat	ı	22a. I certify that (I) (th saw the deceased a	is <del>nospiroljeat</del> ie	unter lue deced	19 and that in (	my (my) opinion	death accurred on the	date and hall	at (I) (we) last
ATTENDING	R: /		couses stoted obove	, (I) (we) (did)	did not) view the	bady after death.	my (oong opinion	deall accorded on the	, dute and nau	I did nonline
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8	be retained  SIRECTOR: A  Re 3 shauld  ed with the		Hank	19. m	Mans 115	DEGREE PHYS	DING MED.	OR PHYS.	gua	7.67
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O HOSPITAL	Page 4 may be retained by the hospital ar attending to FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept of Health prior to		NAME (Type)	IID A.	MOROLL	1172 M.D. 9	237 Tm	u Caks DRI	R DILY	RJO Mid
E	o FUN direct shaul	23 o	BURIAL CREMATION, 23b			CEMETER OR CREMATORY	23d	OCATION (City or Town)	(County)	(Stote)
2	5 5 p 2	L	REMOVAL (Specify) M	AY 10,191	591 CON	GRESSIONAL (	CEMETERY	WASHINGT	I. ho	O.C.
	•	24	FUNERAL DIRECTOR . LON	4 8 1/1	ADDRES	Wash D.C			AR'S SIGNATURE	-0
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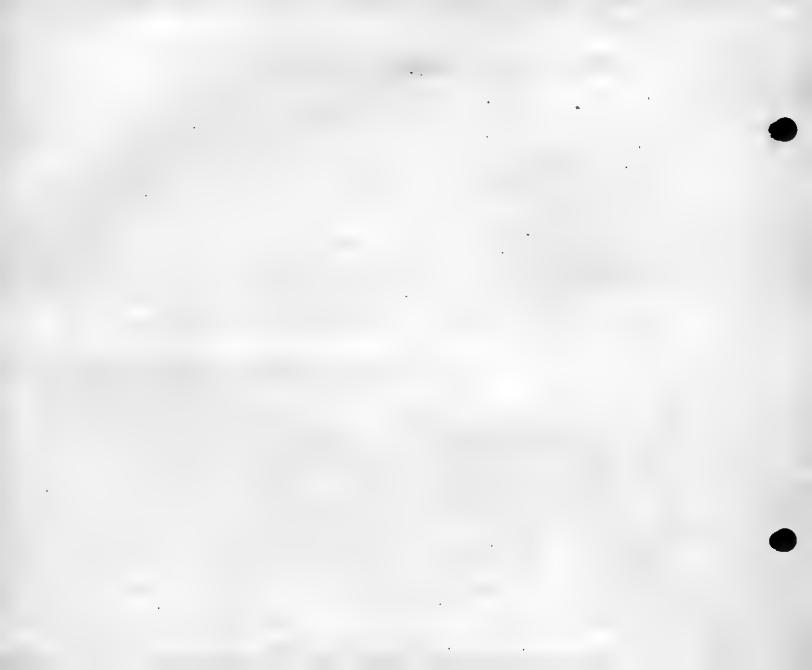


MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07071 07067 CERTIFICATE OF DEATH DECEASED NAME 20. DATE OF DEATH 2b HOUR within 24 hours after death (Type or print) Month 3 SEX 6. AGE (In years IF UNDER 1 YEAR DAYS HOURS 70 BIRTHPLACE (Stote or foreign B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH TO CITY OR TOWN OF DEATH

| 11. NAME OF HOSPITAL OR INST TUTION (find in haspital give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION (Kind of work done give street address) | 20 USUA. OCCUPATION Mb. K NO OF BUSINESS OR that the death certificate be exercited 13b COUNTY ond in any ev 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Wolfe 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Lorenzer J. D. Finch, Sr. Husband same 160 WAS DECEASED EVER IN L.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) removal APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) \_ Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO FUNERAL DIRECTOR: After tillis certificate has CAUSES OF DEATH? NO C YES [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item f8) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) be detoched 21d INJURY OCCURRED 21e PLACE OF INJURY (AT NOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a I certify that (I) (this hospital) attended the deceased from 4/465, 19 \_\_\_\_, 19 \_\_\_\_, 19 \_\_\_\_, 19 67, that (I) (we) lost saw the deceased alive an 4/30/69 19 \_\_\_\_, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. Parelier the ARGREE PHYS 22e. ADDRESS 8 Georgia 22d. PHYSICIAN'S Patrick C. Jameson director, po should be l NAME (Type) 23d LOCATION (City or Town) 23a BUR AL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BEMOVE (Specify) 5/19/69 Rockville, Montg. Parklawn ADDRESAL Nock. Pike | 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURE Tyson Wheeler Funeral Home Rockville, Md. DAMAY 1 9 1969 Minglan Judge

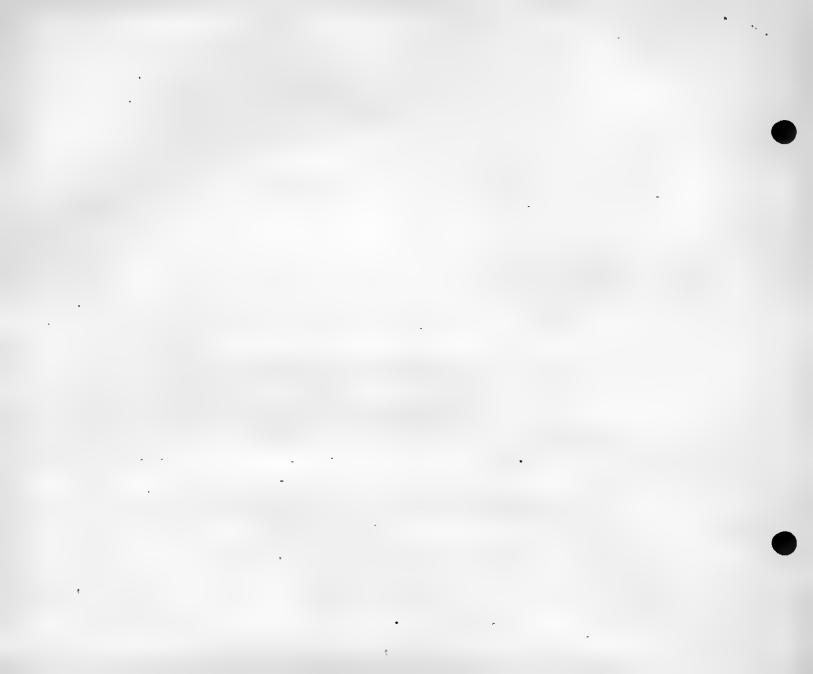


1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07068
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DUNT.		DECEASED NAME (Type or Prof. ) 20 DATE KNOWN Month OF ESTI-	Doy Year 2b HOUR
Page		Calvery Harrier July DEATH MATED Whay	7 18-9-96 M
delay and 3 M3. Pa	3 5	AGS biritrooy MONTHS DAYS MURS MIN MARCHAEL DOLL DOLL DOLL DOLL DOLL DOLL DOLL DO	Yeor Yeor
any delay is 2, and 3 to PM3. Page	1	11 Just 14-24 14-34 143 VRS	Yeor 1949 10 2 M
E Z E		B RTHP.ACE (State of Greign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Pages the far	<u> </u>	M.C. U. A WIDOWED DIVORCED MICHAEL	Md
offer death 8. Give Pages 1, along with form with the State pe	10.	CITY OF TOWN OF DEATH  11 NAME OF MOSP TAL OR INSTITUTION (If not in hospital during most of work date give street address)  120 USUA. OCCUPATION third of work date during most of work better even resided.	12b KIND OF BUSINESS OR INDUSTRY
after de 8. Give I alang w with the	130	"USJA, RESIDENCE (Where deceased lived of institution, Residence before 13c. CITY OR TOWN. 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER	
2 2 2		application Stateland 130 statement. Clarkedurg YES NO Goalt Say	1986
INER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencit in Item 18 should be farwarded to the Chief Medical Examiners Office files.  3 should be used as a burial-transit permit. File pages Tand 2 notion, or removal, and in any event within 72 hours after designs.	14.	FATHER'S NAME First Middle Last IS MOTHER'S MA DEN NAME First Middle	Last
niner standard in Indian standar	160	WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO 17 INFORMANT	
w thin pencit xamine ile pag		Yes, no, or unknown   Ai yes give war or dates by service	form for
buld be executed with vord "pending" in pending Example Chief Medical Example Itansity permit File any event within 72	-	IB. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c))	APPROXIMATE INTERVAL
be executed "pending" in itef Medical E insit permit f event within		PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
xer ndin Med hed		DIE TO OD AS A CONSTITUENCE OF	1/2
re e per per nsit		Conditions, if ony, which gove   (b) CETTEN MONOXICLE- Into 1217.	Ilaha.
		THE TO THINK COURT (O),	1/2//
should be e word "per a the Chief burial-transit in any ever		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.	
te s the d to d bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate should licate, writing the word be forwarded to the Ct de used as a burial-tract or remaval, and in any			
certification of weight of	ATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for for	CERTIFICATION	WAS PERFORMED?	YES NO 💢
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DEPUTY MEDICAL EXAMINER S  NAME (Type)  John G Ball  ADDRESS(Street, cty, town, or county)  Bethesda, Md  236 BURIA, (REMATION, 236 DATE   23c NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County) (Store)
Burial May 14. 1969 St. Gabriels Potomac Montgomery Mo
24 FUNERAL DIRECTOR 7557 WORSCOMSIN AVE 250 RECD BY REGISTRAR 250, REGISTRAR 5 S GNATURE
WRAISMEIST Robert A umphrey Bethesda, Md DATAY 1 9 1969 Telianly Judge:





MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17176 07072 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b HOUR within 24 hours after death (Type or print) Month EDMAN in by the funders. Pages 1 purial-transit permit. Then please remove carbon papers. Pages 1 burial, cremation, or removal, and in any event, within 72 hours after 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR MONTHS DAYS HOURS last birthday) White 10-20-00 YRS. 7c. BIRTHPLACE (Stote or foreign 76, CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED U.S.A. Poland Montgomery WIDOWED | DIVORCED [ filled i 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY physician and completely fien please remove carbon Silver Cross Uphalstering Unhals 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13R: COUNTA Washington 1416 Ogelthorpe NO Middle 14. FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME FIRST Louis Friedman 16b SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? WIFE Yes, na, ar unknown) EBECCA FRIEDMAN - AS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the c burial-transit p Conditions, if any, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept of Health prior to burial, crea stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 DO DO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, natify medical examiner) P,M ( AT HOME FARM, STREET, FACTORY ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21a. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from June , 19 bt , to FIPRIL , 19 1467, that (I) (we) last saw the deceased alive an 30 HPRIL 19 64 and that in (my) (out) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 41) STAFF **DEGREE** DIRECTOR 22d. PHYS CIAN'S. 22e ADDRESS 200 - PERSHINE NAME (Type MA 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (State) 23a BURIAL, CREMATION (County) REMOVAL (Specify) WASHINGTON ELESAVETERAD CEM. 24. FUNERAL DIRECTOR VR A15 [4] 30M REV, 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07078 07074 CERTIFICATE OF DEATH DECEASED: NAME First Middle Lost 20 DATE OF DEATH 25. HOUD M TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremotion, or removal, and in any event, withthe 72 July after death. requires that the deoth certificate be executed within 24 hours after death (Type or print) Month James Gardner. Sr. Lawrence May 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years last birthday) 6 March 1919 Male White 7o. BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Pennsylvania USA WIDOWED [ DIVORCED [ Montgomery 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR qive street oddress)
The Clinical Center, NIH INDUSTRY Aircraft Co. during most of working life, even if retired.) Bethesda 130 USUAL RESIDENCE (Where deceased fixed if institution. Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY A 1 C NO [ Locust Street Pennsylvania Beech Creek 14 FATHER'S NAME First Lost IS MOTHER'S MAIDEN NAME First Middle Lost Raymond Gardner Laila Council 165. SOCIAL SECURITY NO 17 INFORMANT Bethesda. Maryland 20014 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) The Medical Records. The Clinical Center 159-12-5035 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART | DEATH WAS CAUSED BY.

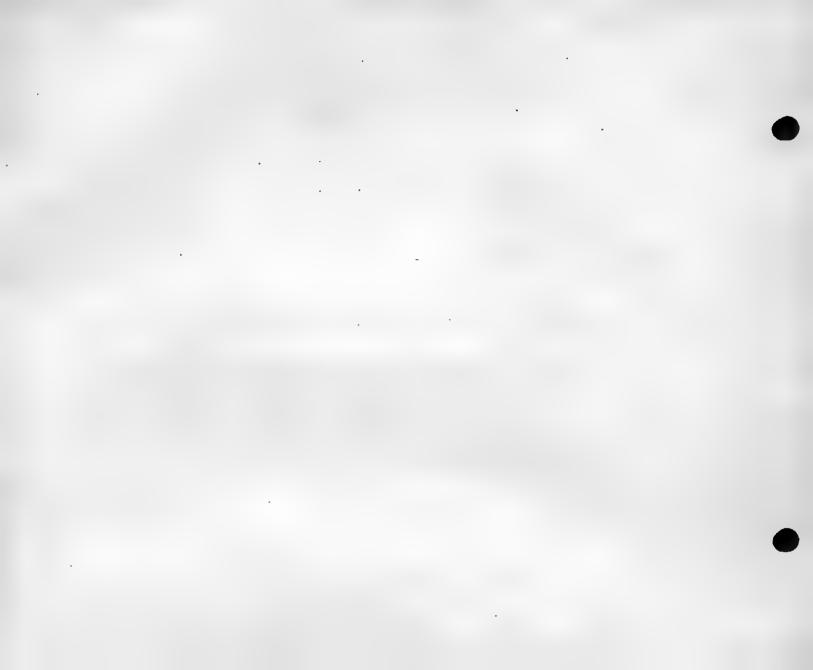
IMMEDIATE CAUSE (a) Congestive BETWEEN ONSET AND CEATH Terminal Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) (b) Rheumatic Heart Disease 20 Years rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Chronic Myelogenous Leukemia 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g, DATE OF OPERATION 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🗌 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18) 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 220. I certify that (K (this hospital) attended the deceased from 7 May , 1969 , to 8 May , 1969 , that (k) (we) last saw the deceased alive on 8 May 1969, and that inspect (our) opinion death occurred on the date and hour and from the causes stated above, (k (we) (did) (deceate) view the body after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. 8 May 1969 DEGREE DIRECTOR 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Michael B. Mosher, M.D. Institutes of Health, Bethesda, Md. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY REMOVAL (Spenty) L. herty Twig, pnietery 256. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68

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1 01	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07080 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0707	6
HEALTH DEPT.		eor 2b HOJR
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4 haurs office as Office as after a	FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Harry T. Gerwig Daisy Bazzell	Last
a within 24 in penul in Exeminer's File pages in 72 hours	WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)   W. W. 2   216-16-5695   Mrs. Ruby Gerwig Frederick, Marylan	ıd
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d A d L		saw the deceased	alive an	Mary 1	9 = 7, and that in this	(our) opinion death	occurred on the dot	e and hour and from the
Brie Spale		couses stated above	re, (I) (we) (did) (c	ud net) view the l	oody ofter death			
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	DIVISION OF WITH DECADING AND DECAD COURT DESTRUCTION OF MADVIAND GLOOT
	07082 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 07078
를 들을 를 	DECEASED-NAME   First   Middle   Lost   2a. DATE OF DEATH   2b. HOUR   Type or pnnt)   2b. HOUR   2b. HOUR   2c. HOUR
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with with	Silver Social give street address)   during most of working life, even if retired)   INDUSTRY   HOUSEW 1 FE
d w arb	13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c (ITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER
5/198/	admission) STATE md. 136 COUNTY mod too mery chery chase YES NO 3718 THORNAPPLE ST.
o de la companya de l	14 FATHER'S NAME FirstMiddle Lost   IS MOTHER'S MAIDEN NAME First Middle Lost
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fical car	
SIC usput eertri bed t. of	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town. County State
PHY b hc tack	While Not while OFFICE BUILDING, FTC.
TENDING PHYSICIAN: ined by the haspital ar OR: After this certificate build be detached far u the State Dept. af Heal	dt work — dt work — )
Affre be Sto	22a 1 certify that (I) (this hospital) attended the deceased from 1967, to 3774, 1969, that (I) (we) last saw the deceased alive an 1967 and that in (my) (our) apinian death accurred an the date and hour and from the
Paris Hand	causes stated above, (1) (we) (did) (did not) view the body after death.
A SP Se de la	22b. SIGNATURE 22c DATE SIGNED STAFF 22c DATE SIGNED
OR be r	O DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR
AL Dag	22d PHYSICIAN'S NAME (Type) ( T ) CALLED C ( TO 3 )
SPIT 4 m FER/ or, d b	NAME (Type) G. LENNARD GOLD 9801 GEORGIA AVE, SL, SPR. 1910.
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VR AID	24. FUNERAL DIRECTOR ADDRESS OF REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV WAR	SOSEPH GAWLER'S SONS, WASHING TON DIC DATE MAY 20 1989 Colonelan Contract :

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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should shauld be filed with the	22-	BURIAL, CREMATION, 23b.	DATE 23c NA	ME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
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		07084		S, 301 W. PRESTON STREET, BAL	IIMURE, MARYLAND 21201	7080
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returned by the hospital or oftending physicion.  ECTOR: After this certificate has been signed by the ottending physicion and coming should be detached for use os the buriol-transit permit. Then please remove with the State Dept. of Health prior to buriol, cremation, or removal, and in any ex		WAS DECEASED EVER IN U.S. AR			12304 addressive	
requires that the death certificate g physicion. I signed by the attending physicion burial-transit permit then pleas burial, cremation, or removal, an		Yes, no, or unknown) (II yes give )	war or dates of service)	Mrs. Betty Ma	ndley Silver Spring	a. Md.
Ger		18. CAUSE OF DEATH (Enter or	nly one couse per line for (a) (b) and	(0) - 1 1		APPROXIMATE INTERVA, BETWEEN ONSET AND DEATH
oth st		PART I DEATH WAS CAUSE	nly one cause per line for (a), (b), and ED BY	deal intoutes		2 000
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DIVISION OF VITAL RECORD, 301 W. RESTON STREET, BALTHORE, MARYLAND 2120 O 7081  CERTIFICATE OF DEATH  THE DEAD OF DEATH  THE DEATH OF DEATH		-	1			NO STATE DEPARTMENT OF				
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VR A15 (4) 24 FUNERAL DIRECTOR EXTRESS C. CAST LITET ADDRESS 250, REC D BY REGISTRAR 256 REG STRARS SIGNATURE		or be a			_/////////////////////////////////////	ATTENDING PHYS		5/24/69		
VR A15 (4) 24 FUNERAL DIRECTOR EXTRESS C. CAST LITET ADDRESS 250, REC D BY REGISTRAR 256 REG STRARS SIGNATURE		may may RAL I		22d. PHYSICIAN S NAME (Type)	.G. Hall	22e ADDRESS				
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	1		MAKTLAP	ID STATE DEPARTMENT OF HEA	LIH		
_1/2		07000	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201 (	17000	
1		07086  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07082  CERTIFICATE OF DEATH					
,, ,	1 DECS	EASED-NAME First	Middle		o. DATE OF DEATH	10, 21000	
<u> </u>		ne or print)	Middle	9 1 1	Month Dov	Year 26. HOUR	
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certificate be executed within 24 hours after a physician and completely filled in by The fillen please remove carbon papers. Rages noval, and in any event, within 72 hours after	countr	Peul Charles	4.5 A		antsomery.	14.3	
ecuted within 24 completely filled iove corbon popely y event, within 7	10 CT	Y OR TOWAR OF DEATH	11 NAME OF HOSPITAL OR IN		CCJPATION (Kind of work done	12b KIND OF BUSINESS OR	
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etrificate be executed within physician and completely from please remove carbon towal, and in any event, with		Hofn	Goest	ert mau	4	1 Kellega	
a a section of		VAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16b. SOCIAL SECURITY or dates of service)	NO 17 INFORMANT ANNA G	E DEET Address		
( 腹 ) 茨 🚊	165,	, no, counknown) (If yes give war	111-12-63	92 11925- PARKIA	LON Dr. Hock	ville, Mr.	
(a) a a a		R. CAUSE OF DEATH (Enter only	one couse necline for (a) (b) and (c)		11/1	AFFROX MATE NTERVAL	
ne deoth cell offending p permit. The		PART I. DEATH WAS CAUSED I	BY (Valle)		Clohal	BETWEEN ONSET AND DEATH	
affendi permit. ion, or re	11	// A IMMEDIATE	CAUSE (0)	04.00000 (1)	- Colore	soci. cicer	
that the death an. by the attendia ransit permit.		onditions, if any which gave )	DUE TO, OR AS A CONSEQUENCE OF	and the	1. 4	can l	
of the the nation		se to immediate couse (a)	(b) acuse	mysearment u	yareriou	sev, asus	
Ø ₹ E ₹ 5 5 5		toting the under ying couse	DUE TO, OR AS A CONSEQUENCE OF	Attanian la	Land:	aldeen hon	
The law requires that the death centificate be executed within 24 to otherwise physician. The physician and completely filled in se os the burial-transit permit. Then please remove carbon papers the prior to burial, cremation, or removal, and in any event, within 72		ist )	(1) Corollary	averon	-cons	1 Jours	
agund significant of the signifi	P	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART I(o)		
A see a see of	3	V ca	beter rull	ulers			
PHYSICIAN: The law rethe he hospital or ottending this certificate has been lefached for use os the Bept of Health prior to	CERTIFICATION	O DATE OF OPERATION 196. CO	NOITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING	
off p of the	1 1 2			YES NO	CAUSES OF DEATH?		
* p = 25		D ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter not	ure of injury in Port 1 or Part 7. It	em 18.)	
Tage F	<u>3</u>	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SSPITCE SSPITCE Centrificant To of		f either, natify medical examiner	P.M. 1  ACE OF INJURY ( AT HOME FARM, STREET, FA	9 CFORY 1 21F LOCATION Street or R.F.D. No.	Ch T.	County State	
OR ATTENDING PHYSICIAN: be retoined by the hospital or DIRECTOR: After this certificate ge 3 should be detached for us led with the State Dept of Heoli	٧	White Not while	OFFICE BUILDING ETC	211 LOCATION STREET OF KIED NO	City or Fown	County State	
<b>ਨ</b> ਵੂ ਵੂ ਭੂਰ							
VDING d by t After d be c e State	2	20. I certify that (I) (1)	tiespital) attended the deceas	ed fram May , 19 6 3	, to they 30, 19	69, that (I) (we) last	
EN Seld	11	saw the deceased aliv	(1) (we) (did) (d d riat) view the	967, and that in (my) (our) opinion	aeath accurred on the dat	e and hour and fram the	
ATTENDIN etoined by CTOR: Afte should be vith the Sta	2	2b. SIGNATJR€ / /	(2) (a direct free free free free free free free fre	bady and deant.	19° D	ATE SIGNED.	
OR JOR OR JOINE OF STATE OF ST		He Day	11 Mitalien	DEGREE PHYS DIPEC	C STAFF C .	33/3/09	
	21	2d. PHYSICIANS	A fourth	DEGREE PHYS. DIRECT	OK THE PHYS THE	1 20/	
SPITAL 4 moy 4ERAL or, pag ld be fil	'	NAME (Type) GCOTS	e H. Mitchell	ZZe. ADDRESS			
TO HOSPITAL OR ATTEN Page 4 may be retoined TO FUNERAL DIRECTOR: director, page 3 should should be filed with the							
Page of Fun	230 B	UR ALXEMATION 23b DA			d LOCATION (City or Town)	(etot2) (ytruo))	
5-5-12/		/ 3			Rockville	Md.	
VR AIS	24 50	NERAL DIRECTOR	ADDRESS	つくてつった。電影は	GISHRAR 1988 BSb. REGISHRARS	ASSESSED OF THE PARTY OF THE PA	
45M - 1/69	116	sour. a	Kungarely	DATE DATE		4	



E The same		00000			EPAKIMENI UF H	IEALTH IMORE, MARYLAND 21201	
-		02082			TE OF DEATH	MARIEMED ZIZUI	07083
7 = 2=		ECEASED-NAME First	Middle		Lost	20 DATE OF DEATH	2b. HOUR
24 hours after deam.  Red in by the funeral appears Pages 1 and 2 hours after death.		Type or pant) Joseph	William	GORMAN	I	Month Doy May 9	
ter for fter	3 5	EX	4 RACE	5.	. DATE OF BIRTH	6. AGE (In years	IF UNDER A YEAR IF UNDER 24 HRS
rs at		Male	Caucasian		9 November	1910 58 (S) YRS.	MONTHS DAYS HOURS MIN
2 ( Jun 2	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	L	Penna.	U.S.A.	WIDOWED X	DIVIONATO ETT	Montgomery	Md.
thin thin	i i	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL give street oddress)	OR INSTITUTION (If not	in hospitol 120 USUA	Montgomery I OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
with the state of	12-	Bethesda, Mary	and give street oddress) Naval Ho	spital		Retired	N.DOJIKI
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dean e hospital ar attending physician. his certificate has been signed by the attending physician and completely filled to by the funeral stacked far use as the burial-transit permit. Then please remaye carbon papers Pages 1 and Dept. af Health priar ta burial, crematian, ar remayal, dad in apy event, within 22 hours after death	odn	ussion) STATE FLORIDA	ied lived, if institution Residence by Ab (OLNTY EScambia		VEC		
DE A	14	FATHER S NAME First		PENSTCO 121 120	MOTHER S MAIDEN NAME FI	TOO N.V DI.	1-4
equires that the death certificate be exe physician. signed by the attending physician and burial-transit permit. Then please tend burial, cremation, ar remaval, and in apy			Wilder E	13.	NOTHER S MAIDEN MARKE TH	121 14J) CIĞIR	Lost
Te Se	16c	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 16b. SOCIAL SECL	IRITY NO. 17 INF.	ORMANT Sister	r-in-law Address	
yski de o	,	(et no or unknown) (# yes give v	rar ar dates at service)		Ruby Barr		Item 13.
ph hen hen	⊨	12 CAUCE OF BEATH IF .				y baine as	APPROXIMATE INTERVAL
ding ren	ı	PART   DEATH WAS CAUSE	ly and couse per line for (o), (b), or DBY.	e(d)	ainoma ha	se of tongue	BETWEEN ONSET AND DEATH
dea ten mit ar		IMMEDIA	ATE CAUSE (o)	Care Care	THOMa, Da	se of couldne	
he at per		1410	DUE TO, OR AS A CONSEQUENC	E OF			
the the rosit mat		Conditions, if ony, which gove trise to immediate cause (a),	(b)				
the by creater		stoting the underlying couse	DUE TO, OR AS A CONSEQUENC	E OF			
ries /sici		lost.	(c)				
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burnal-transhould be filed with the State Dept. af Health priar ta burial, crer		PART 2 OTHER SIGNIFICANT CO	IDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO T	HE TERMINAL DISEASE ORCC	ONDITION GIVEN IN PART 1(e)	
w r ling sen the	la						
s be as as price	ĪĒ	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION W	AS PERFORMED	20o. AUTOPSY?	206. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The party of the p	CERTIFICATION				YES 🕞 NO 🗀	CAUSES OF DEATH?	
ar are		210. ACCIDENT WAS UNDERLYIN		21c. HOW	INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, I	tem IB)
i filia	MEDICAL	OR CONTR BUTING CAUSE OF DEAT	BOUR A.M. Month Doy ner) P.M.	Yeor 19			
hosp cer	W.	21d INLJRY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STRI		TION Street or R.F.D. No.	City or Town	County State
this this De		While Not while at work of work	OFFICE BUILDING, EIG	· ′			
ING by t fer fer fate		220 I certify that (1) (th	is hospital) attended the dec	eosed fram 11	Tab 19_6	a, to a	Co. that (we) lost
ND Sd 1		saw the deceosed o	live on 9 May	1969_, and 1	hot in (my) (aur) opir	, to <u> </u>	te and hour and from the
H TE SO SE TE		ranzez zioiea apake	, (we) (did) (did) (did) (we) view	the body offer dec	oth.		
Maria		226. SIGNATURE + 1	1 win la m	$\triangle$	ATTENDING AM ME		DATE SIGNED
be ge		Mren 1	Mary 11, 111	(L) DEGREE		RECTOR PHYS. T	MAY 1969
TAI Pa	ı	22d. PHYSICIAN'S NAME (Type) Robe	nt D		22e. ADDRESS		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta				, MD			BETHESDA MD
HC age FUI	230.	BUR AL, CREMATION, 236	DATE 23c NAM	E OF CEMETERY OR CR		23d LOCATION (City or Town)	(County) (State)
5 5 5 s	_		-1 <b>3</b> -69 Bar	rancas N	atl Cem.	Pensacola, Fl	
VR A15 (4)	24	FUNERAL DIRECTOR	ADD APHREY. Bethes	RESS	2So. REC D BY	REGISTRAR 256 REG STRAR'S	SIGNATURE
45M 1/69	l i	KUBERT A. PUI	WHREY. Bethes	sda. Mary	Jand DATE WAY	1 5 1939	* **



MAKYLAND STATE DEPARTMENT OF HEALTH

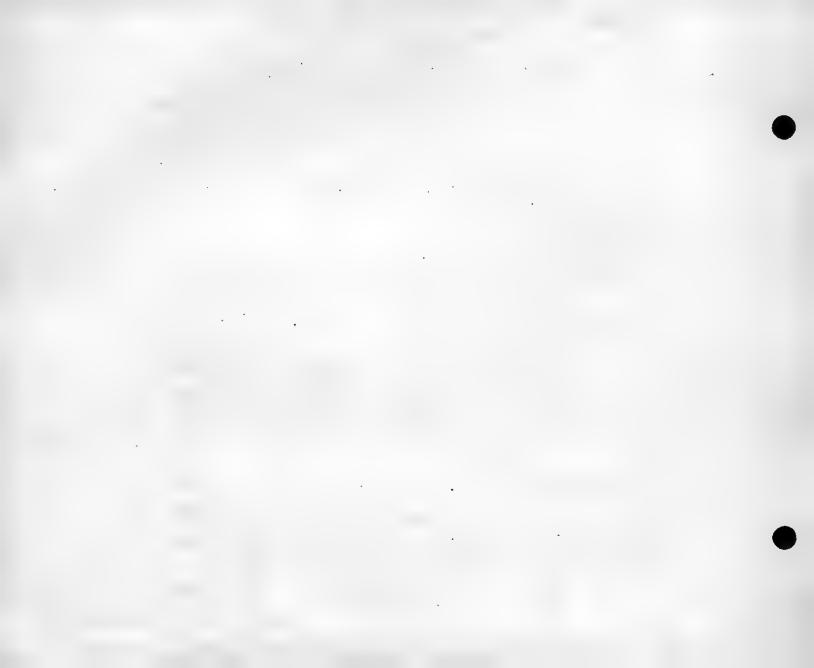


1 X	6-2-69 BUTCO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	117083 MEDICAL EVANIMENTS CERTIFICATE OF PRATIL	7085
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost Sr 20 DATE KNOWN Month Doy OF ESTI DEATH MATED 5 8	Yeor 2b HOUR
e un grande	3 SEX   4 RACE   5 DATE OF BIRTH   6 AGE (In years lift Under 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS   2c DATE PRONOUNCED DEAD   Month 5 Day 8	Year 1969 6:49
ie De og	70 BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9. COUNTY OF DEATH   Country) Faryland   Amer U,S.   WIDOWED   DIVORCED   Montgomery	Mc
24 hours after death in Item 18. Give Pages 1, in South form 18. Give pages 1, in 5 Office along with farm es Tand2 with the State Death in 5 office death	Takoma Pk gyv Washington San & Hospital dung most of working life, even if retired) NOU.	KIND OF BUSINESS OR STRY BUND FACTORY
	130 USUAL RESIDENCE (Where deceased wed, funstitut on Residence before 13c CITY OR TOWN 13d INSIDE CITY DATES 13e STREET AND NUMBER odmission) STATATYLAND VES CITY OR TOWN VES IN NO 120 1927 Red Oak Dr	
within 24 hours pencil in Item 1 amings office le poges Tand2 72 hours effer of	Joseph Patrick Gowen lost IS. MOTHERS MAIDEN NAME First Burch	Lost
within 24 in pencil in Eramingr's File pages	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) 16b. SOCIAL SECURITY NO. 220059396 MRS. DORIS M. GOWEN ADDRESS SAME	AS # 13
1.00	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) ) PART I. DEATH WAS CAUSED BY MMEDIATE (AUSE (a). Acute coronary insufficiency	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nould be executed ward "pending" if the Chief Medical rial-transit permit.	DUE 10, OR AS A CONSEQUENCE OF  Conditions, if only which gave )  Coronary artery heart disease	
should be e ne ward "per o the Chief ! burial-transit I in any even	nse to immediate couse (o), storing the underlying couse last.	
s certificate sl e, writing the farwarded to used as a bu emaval, and ii	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON G VEN N PART 1(a)	
bical Examiner. This certificate should be executed please execute the certificate, writing the ward "pending" in I director. Page 4 should be farwarded to the Chief Medical Fretained for your files.  Directors: Page 3 should be used as a burial-transit permit. First to burial, cremation, or remaval, and in any event within	190. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Doy Year  21c HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Port 2, Item 18	20 AUTOPSY?  YES NO
UNER: Thi ne certificat shauld be files. 3 shauld be nation, ar r	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED 21e P.ACE OF INJURY (At home form, street, 21f, LOCATION Street or R.F.D. No. City or Town Co.)	)
ICAL EXAMINER: Execute the certiform. Page 4 should far. Page 4 should files. CTOR: Page 3 should burral, cremation,	21d INJURY OCCURRED 21e PLACE OF INJURY (At home form, street, while Not while of the building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town Color of the building, etc.)	unty State
ICAL EX Execution: Page of far y CTOR: Popurial, c	22a   certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   death resulted from Natural causes   Acc dent   Suicide   Hamicide   Undetermined manner	and in my apinion
JIY SICA IIV, please e eral directar be retained RAL DIRECT	ACTUAL OF COLOR OF THE STORY OF	ED.
Pri	SIGNATURE  SIGNATURE  ASSISTANT MEDICAL EXAMINER  EXAMINER'S  NAME (Type)  ADD (M. D. ADDRESSED CO. T. D. T.	71969
TO DEPU necessa the fun 5 may TO FUNE Health	230 BURIA. (REMATION PREMOVA. (Spec fy)  NAY 10, 1969 FORT LINCOLN CEM COLMAR MANOR.	nty) (Stote)
VR ATSME (5)	24 FUNERAL DIRECTOR  ADDRESS	JURE Vacation &
10M REV 1/68)	The contract of the contract o	0





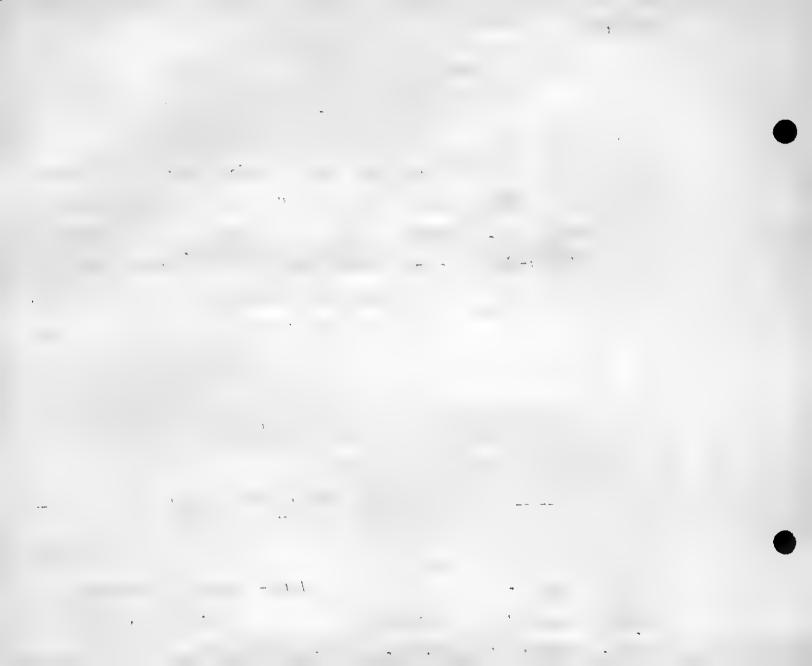
1	4-	MARYLAND STATE DEPARTMENT OF HEALTH	
(0	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07087
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year 25 HOUR
of de ta		(Type or Print) Eugene Alston Green J. DEATH MATED X 5	4 19693 77M
delay is mad 3 ta	3 :	SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF LNOER I YEAR I ONDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
THE STATE OF		M. W. APTil 1, 1947 lest birndoy MONTHS DAYS HOURS MIN Month ST) Day 8	Year 1969 5 5 M
A COLO	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9. COUNTY OF DEATH	17 - 17 - 181
De De		mty) Vo. 21.5 A WIDOWED DIVORCED Mont 10 mery	/ Mal
tate	10		126 KIND OF BUSINESS OR
This certificate shauld be executed within 24 haurs after death licate, writing the ward "pending" in pencil in tem 18. Give Pages 1, be forwarded to the Chief Medical Examiner stother, along with farm 18 be used as a burial-transit permit. File pages Tand 2 with the State Dian remayal and in any event within 72 hours after death	$\perp_{\lambda}$		INDUSTRY
after 8. Giv alang with t	130	USUAL RES DENCE (Where deceased lived, if institution, Res dence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	a.L
18. Gi	<u> </u>	odmission) STATE /a 130 COUNTY ATTENDARDER Alexandria YES NO 16410 South	an Dorn ST
tem tem after after after	14	FATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Buildle	Lost
		L'INTERLE TORASO	IELL
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with per year xam		Yes, ma arunik nown) [If yes give war or dates of service) 228-66-1398 MOTHER SAME AS A	130 VC
ed Bring		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be execute "pending" nief Medical ansit permit.	1	IMMEDIATE CAUSE (a) Dir owning=	570117-
end ent		DUE TO, OR AS A CONSEQUENCE OF	
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ord e C al-tr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed with ward "pending" in period the Chief Medical Example. Fife burial-transit permit. Fife I in any event within 72		lost. (c)	
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rfice iring prde orde	×		
writ writwo	A M	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
INER: This certificate, writh the certificate, writh should be forwar files. It is should be used action, or remayal	CERTIFICATION		YES 🔲 NO 🖄
<u></u>	33	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, lie how injury or Contributing 21c How injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2 are how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 1 ar Part 2, lie how injury in Part 3 ar Part 2 ar Part	<i>b</i>
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	2	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, while white mothers are placed by ding, etc.) 21f LOCATION Street or R.F.D. No. (ity or Town foctory, office building, etc.)	County State
		ATHORK LIATHORK A POTOMOC RIVER SONET KENDINGS PLEASE TELLS	Former Va-
tal EXA execute execute of for your TOR: Page urial, cre		22a. I certify that I took charge of the remains described obove, held an Autopsy, Inspection 🔀, Inquiry 🗵	ond in my opinian
EPUTY SICA Sissory, please ex- funeral director. ay be retained. INERAL DIRECTO		death resulted fram. Natural causes, Accident _X_, Suicide, Hamicide, Undetermined manner {	
Ty please y, please eral directions retains (AL DIREC		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTRACTOR CO	
A Prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220 DATES	28 1771A
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ro DEPUTY necessary, the funera 5 may be 10 FUNERA! Health pri	700	NAME (Type) 30HW 5. ISALL ADDRESS(Street, city, town, or county)  BURIAL CREMATION. 1236 DATE 23c NAME OF CEMETERY OR CREMATORY 123d LOCAT ON (City or Town)	(6 )
5 1 4 2 5 4	230	REMOVAL (Specify)	(County) (Stote)
	24	FUNERAL DIRECTOR ADDRESS 1250, REC D BY REGISTRAR 1250, REGISTRAR 5 S	GRATURE
VR A15ME (5)	17	NOOKVILLE .	
10M REV 1/68	1/	4SON WHEELER H. MARYLAND, 10MAY 12 1969   Tollands	in legiste.
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	0 W 2 0 h		D STATE DEPARTMENT OF H		
8	07092		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH		07088
2 6 2	1 DECEASED NAME First	Middle	Lost	20. DATE OF DEATH	
equires that the death certificate be executed within 24 haurs after death physician. Signed by the attending physician and campletely filled in by the inneral burial-transit permit. Then please remove carbon papers Pages and 2 burial, cremation, or removal, and in any event, with. n 72 haurs after death	(Type or print)	Bryan Grimes	F031	Month Day	Year 215 mm
1 At 1	3 SEX	4. RACE	S DATE OF BIRTH	5-4-69 6 AGE (n years	IF JNOER TYEAR   IF JNOER 24 HRS
# ( # # # # # # # # # # # # # # # # # #	Male	White	10-11-96		MONTHS DAYS HOURS MIN
and		7b. CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	
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illed pap h.n./	ID. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 120 LSJA	. OCCUPAT ON (Kind of work done	12b KIND OF BUS NESS OR
A Parity A	Silver Spring	give street address) Belpre Heal	th Center during ma	st of working life, even if retired.)	industry
ent,	130 USUAL RES DENCE (Where decease	d lived, if institution Residence before	13c CITY OR TOWN 13d NSIDE GTY LIN	A TS? 13e STREET AND NUMBER	
executed and cample emave ca any event	Md.	// Heward	West Friends Mip NO	X (rural)	
A pulled	14 FATHER'S NAME First Bazzell	Middle Last	TS MOTHER'S MAIDEN NAME FI	rst Middle	Lost
as be be		Grimes	Mary		Tasker
icata Sicre Delection	160. WAS DECEASED EVER IN U.S. ARMI Yes, na, ar unknown)   (12 yes give wa	er or dates of service)	NO 17 INFORMANT 18	Ol Benifant Ma, ilver Springs . Md.	
phy en ova	?	219-01-2		ilver Springs . Md.	
he death cer e attending p permit. The	18 CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED	one cause per line for (a), (b), and (c)	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
leat lend mit.	IMMEDIA*	TE (AUSE (0) Cardiac A	rrest		
aff per jan,	1621	DUE TO, OR AS A CONSEQUENCE OF			
the the math	Canditions, if any, which gove	(b) Chronic Pr	ulmonary Emphysema		
by.	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
ires ysica ned rial- rial-	last.	(d) Bronchial	Neoplasm		
requestion of the sign of the	PART 2 OTHER SIGNIFICANT CON	OITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D SEASE ORCO	ONDITION GIVEN IN PART 1(a)	
ding the	19a. DATE OF OPERATION 19b C	ONDITION FOR WHICH OPERATION WAS PE	DEODALD OF THEODORS	Topic of Mer. 1969 of the co	No occide the control of
AN: The law real or attending an artending icate has been for use as the Health prior ta	19a. DATE OF OPERATION 19b C	ONDITION FOR WHICH GPERATION WAS PE		2Db IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NS DERED IN CERTIFYING
er are here	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	YES NO NO	Contract Con	. 16)
figal for far free		HOUR A.M. Month Day Year		nature of injury in Part 1 or Part 2, Ife	em 18)
YSIC ospi cert hed hed	OR CONTRIBUTING CAUSE OF DEATH OF CHIP either, notify medical examining 21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM STREET FACE OF INJURY)		City or Town	Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar director, page 3 shauld be detached for use as the burial-transit permit. Then please no should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in	While Nat while at work	OFFICE BUILDING ETC.	2 COCATION SHEET OF KILD NO	City of Towns	County State
INC by I ffer be c	22o. I certify that (I) (this	hospital) ottended the decease	ed from 4-20- , 19_6	9_, to_5_4, 19_6	9 , that (II) (we) last
END ned N: A Uld	saw the deceased all	ve on 5-4- 1	ed from <u>4-20-</u> , 19 <u>6</u> 969_, and finat in ( <del>xxx</del> ) (our) apir body after death.	nion death occurred on the dot	e ond hour and from the
ATT Start Table	22b. SIGNATURE	TO (we) (ala) (ala) (ala) view ine	body difer dedill.		ATE SIGNED
OR De re de	(Par fread	Ele, Luclar	DEGREE PHYS ME	D see STAFF em 1/1	44,1969
AL Day E	22d PHYSICIANS POAGA	IFL C. INCLAI		The state of the s	
SPIT 4 m IER/	NAME (Type) // // /	166 - 171			
HO Ige FUN Tect	23a BURIAL CREMATION, 23b D.	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d .Q(ATION (City or Town)	(County) (State)
07 0 Dip	REMOVAL (Specify) Burial	5/7/69 Hvas		Year Verget Bully	<u> </u>
VR A15 YEAR	24 FUNERAL DIRECTOR	ADDRESS	Clathan 169 250. REC D BY	REGISTRAR 2Sb REGISTRAR'S S	
45M 1/(89) *	Higinbethem Sla	ck Ellicett	City, Md. DAMAY	0 1000	My Milliams



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07093 07089 CERTIFICATE OF DEATH DECEASED-NAME First Middle Inst 20. DATE OF DEATH 2b HOUR (Type or print) Bessie Gertrude Gunn 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In veors IF UNDER I YEAR Bemale east b rthday) SHTHOM within 72 hours requires that the death certificate be executed within 24 hour 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Chicago Illinois USA Montgomery paper WIDOWED 57 DIVORCED [7] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPAT ON (Kind of work done 12h KIND OF BUSINESS OR Deachina carbon Jakoma Park during most of warting I fe, even if retired) Nursina Home ond in any event, 130. SUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER Takoma Park YES NO 🗍 7906 Jakoma Avenue 14 FATHER S NAME F rst M.ddle Lost IS. MOTHER'S MAIDEN NAME First M dote 105 Samuel Delange Bracken pleose 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 REGRAMME Address Yes, Ra, at unknown) Darbox McLean Day 12303 Drexel Street buriol, cremation, or removal, 336-01-6377 APPROXIMATE NTERVAL 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Artery Thrombosis 2 weeks IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF erebral Arteriosclerosis Conditions, if only, which gove? uears rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 19e DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? or use YES NO D e Stote Dept of Health certificate 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18,) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medica examiner) PM 21d JULIURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town Stote County While hat while at work 220. I certify that (I) (this hospitel) attended the deceased from May 1, 1952, to May 17, 1969, that (I) (we) last saw the deceased alive on May 10, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the be retained TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with th couses stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR May 17, 1969 PHYS PHYS 22d PHYS CIANS 22e. ADDRESS Frank S. Bacon 2141-K- Street NW Washington, DC 23d LOCATION (City or Jown) Porest Park, 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. Maryland ADDRESS 250. REC D BY REGISTRAR VR A15 (4) Pumphrey, Inc. 8434 Ga. Ave. Sil Spg. MAY 20 1969



1	MARYLAND STATE DEPARTMENT OF HEALTH
	07092 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day Year 2b HOUR
	(Type or Print) OF LATIN DATE OF THE STATE O
loy is 13 to Poge ent of	3 SEX 4 RACE S DATE OF BIRTH 6 AGE IN YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 2d HOUR
a Peri /E	rest birthgey) MONTHS DATS HOURS MIR Month Doy Yeor
any dellary per PM3.	temale white 12/15/04 64 485   may 2 1964 50 M
	70 B RTHPLACE (Store or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED 7 DIVORCED 1
te fer	Washington P.C. C. S. H WIDOWED MONTGOMERY Md
after deoth 8. Give Pages 1, olong with farm with the State De	10 CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done 12b MIND OF BUSINESS OR  120 during most of work ng life, even if ret red.) (NDISTRY
the de	Takona Lark Washington San + Hosp Resident minger Capt. Louise
ong ong	130. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c (IF ARTIGMY), A 1 1 1 MISIDE CLIF LIM 132   13e STREET AND ROMBER OF THE
thours after deoth them 18. Give Pages 1, Office along with farm land 2 with the State Death after deoth	odmission) STATE MARYLAND 130 COUNTY CE GEORGE HATTON, The YES & NO - 3213 University Blud.
our ffrce nd ()	14 FATHERS NAME First Middle / Jost IS. MOTHERS MAIDEN NAME First Middle Lost
450 000	John Hurky Blanche Elberly
within 24 hours pentul in Item 1 pentul	160 WAS DECEASED EVER IND S. ARMED FORCES? 166 SOCIAL SECURITY TO 17 INFORMANT U.S. H. ADDRESS
香食 · 多点,	(Yes, no, or unknown) (fives give war or dates of service) [ 29 2 2 1 7 1 7 1
d within 24 in pencil in Examines is File pages in 72 hours	The state of the s
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iffico tring prde, al, o	2
his certifiate, writine forwards be used in removal	190. DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  210 TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
nis nite, s fo c u	AR2 LEVIANIED:
This and the second sec	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
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	4.4
CAN be the the the the the the the the the th	WHILE MOT WHILE foctory, office building, etc.)
bical Examiner: This se execute the certificate, ector. Page 4 should be for ned for your files lector. Page 3 should be teror. IECTOR: Page 3 should be to burial, cremotion, or rer	22a   certify that taak charge of the remains described above, help an Autapsy , Inspection X Inquiry , and in my opinion
ICAL E executor. Poy ed for CTOR: f buriol,	death resulted from: Natyral causes Accident , Suicide , Hamicide , Undetermined manner
please I directoresto I directoresto I DIRECTO	CHIEF MEDICAL EXAMINER
y, ple grol di se reto RAL Di	ACTUAL OF THE SIGNED
EPUTY DICA Ssory, please 8: funerol director by be retoined NERAL DIRECT	SIGNATURE HEDIOGRAPHICAL
DEPUTY DICAL EXAM seessory, please execute the funeral director. Page 4 may be retained for yogu FUNERAL DIRECTOR: Page eoith prior to burial, crem	NAME (Type) BELDEN & KEAP M. D. ADDRESSISSED BY ADDRESSISSED B
TO DEPUTY necessory, the funero 5 may be TO FUNERA Heolth pr	230 BURIAL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Store)
H H	REMOVAL (Spec.fy)
	Glenwood Washington D.C.  24. FUNERA, DIRECTOR ADDRESS 250 REC D BY REG STRAR 256 REG STRAR SIGNATURE
VR A15ME (5)	MAY 7 1989 Villanta Judge :
TOM REV 1 68	Francis Gasch's Sons Hyattsville, Md.



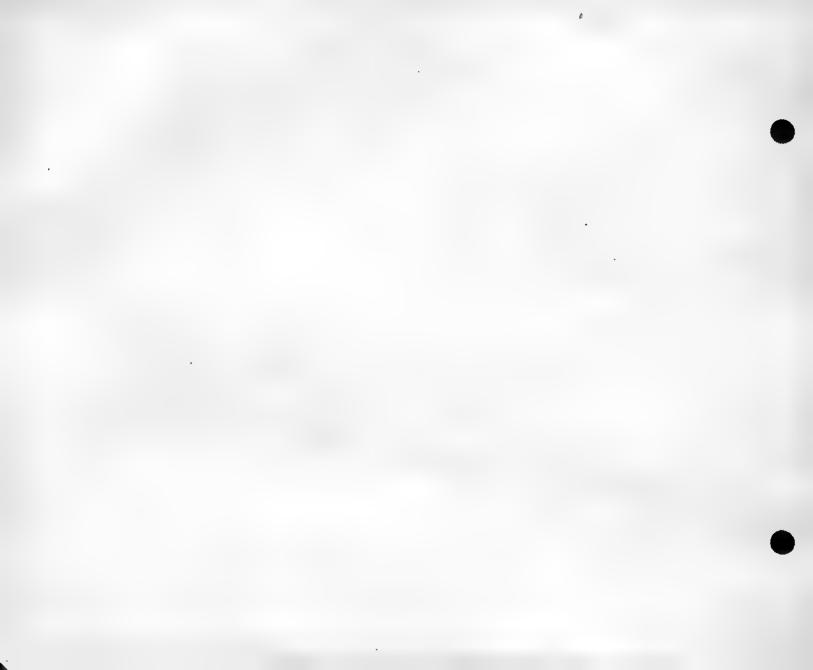
		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
·		07095 CERTIFICATE OF DEATH 07091
4 24	1. C	DECEASED NAME First Middle Jost 20 DATE OF DEATH 2b HOUR
rr death tuneral 1 and 2 er death	1	Type or print) Frances B. Hackett May 16 Alg 430
Ter Ter	3 5	EX 4 RACE 5. DATE OF BIRTH 6. AGE (In years 15 UNDER 24 HRS
	L	Female White 5-24-1896 lost birthday) YRS. MONTHS DAYS HOURS MIN.
1 1 1	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
illed h		Mew Jersey (1. ). WIDOWED DIVORCED Montgomery
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and co	14.	FATHER'S NAME First Middle Lost
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requires the the death certificate be exemply signed by the attending physician and a signed by the attending physician and a burial-transit permit. Then please rema burial, crematian, ar remaval, and in any		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITION 37 INFORMANT Address Kerna atom My
physen p		1001, 140101
the death cer the attending p nsit permit. The matian, ar rema		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART   DEATH WAS CAUSED BY
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quires the physician. signed by burial-tran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
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Te big pd		CARCINOMA OF THE STOMACH
bee s the sign of	NO.TA	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The atternation of the property of the propert	CERTIFICAT.	YES NO CAUSES OF DEATH?
or or use all		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 3 or Port 2. Item 18.)
Pital difficient	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M.
TO HOSPITAL OR ATTENDING PUYSICIAN: The law equires that the death certifican.  Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached for use as the burial-transit permit. Then pleas the burial transit permit. Then pleas a shauld be filled with the State Dept. of Health priar ta burial, crematian, ar remayal,	W	21d IN.JRY OCCURRED While Not while of work  21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) OFFICE BUILDING ETC  21f LOCATION Street or R.F.D. No. City or Town County State Of Work
TG I the Track of the Date Date Date Date		
ADING d by th Affer d be d		220. I certify that (I) (this hospital) attended the deceased from 660 4 , 1966, to 576 , 1967, that (I) (we) to sow the deceased alive an 1969, and that in (my) (our) opinion death occurred on the date and hour and from the
OR:		couses stated above, (1) (we) (did) (did not) view the body after death.
R All		226 SIGNATURE ATTENDING MED. STAFF 22c DATESIGNED
DIR DIR		DEGREE PHYS DIRECTOR PHYS 1 1/16/9
PITA may :RAL r, po		22d. PHYSICIANS 1 NAME (Type) RICHARD H. POLLEN 10400 CONNECTIONT AND KENSINGTON
HOS ge 4 UNE ecto auld	23o	
TO HOSPITAL OR ATTENDED 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	5	My 30, 1969 St. Neters Catholic Cerk Mercho to le, pennylux
VR A15 ,4)	, C.	FUNERAL DEPETIOR C. Carter & 13, ADDRESS - 10 Tierye 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE
45M - 1/69		in ex 8. 1 whrey, on Silver onica, Id. DAMAY 20 1969 for covers Judge:



_	MARYLAND STATE DEPARTMENT OF HEALTH
_ // .	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Item5 FilmG413 5/29/69 kk CERTIFICATE OF DEATH 07092
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	3 SEX 4 RACE 5. DATE OF BIRTH 1973 6. AGE TIT YEAR F JHODER 24 HRS.
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illec pag nin	10. CITY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR
te be executed within 24 hours fag and campletely filled in beach remave carban papers.	Bettesda give street address) Luchar Hosp during most of working 1 fe, even if retired) INDUSTRY
ed car	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER ODMISSION) STATE 13b COUNTY 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER
ami aw	JAIL The 138 COUNTY mont Kirchwelle YES NO 316 Fincely and
exe any any	14. FATHER'S NAME Jurst Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
trans and co	Kiend Lorsey Lille Gratt
e death certificate to attending physicial permit. Then please on, ar remavat, and	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address of me use also
A ESE	Yes, no, or unknown) (1 yes give wor or dotes of service) Therefore Queen Hickory
man de de	18. CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c))
de de la	PART I DEATH WAS CALSED BY
ne death attendi. permit. ian, ar re	IMMEDIATE CAUSE (a) DECORPORATE OF CONTROLLED OF CONTROLLE
if the a	Conditions, if eny, which gove)  2 the FO
y th msi	rise to immediate couse (a),
law requires that the death certificate nding physician. been signed by the attending physicia is the bucial-transit permit. Then pleasior to burial, cremation, ar remavat, an	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
uire hysi gne gne rrial	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELETED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((a)
g plant	O O O O O O O O O O O O O O O O O O O
din din	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 200. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
then then as by as bring as bring as	CALICES OF DEATHS
R ATTENDING PHYSICIAN: The law re retained by the haspital or attending RECTOR. After this certificate has been 3 should be detached far use as the with the State Dept. of Health priar ta	Tale of the state
AN od od od od icat icat far Hec	216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Port 2, Item 18.)
SICI Spitt	[if either notify medical examiner] P.M. 19
PHYSICIA e haspital his certrific stached fa Dept. of H	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while 7
the defined	of work of work
be Starter	22a. I certify that (1) (this haspital) attended the deceased from 100, 1967, to 120, 1967, that (1) (we) lost saw the deceased give an 1967, and that in (my) (aur) applied death according the date and have and from the
OR ATTENDING OR ATTENDING De retained by it INECTOR: After it INEC	saw the deceased alive an
ATT dair share sha	226, SIGNATURE 22c. DATE SIGNED
RE G	21 Soundet Heriter T. Man ATTENDING MED. DIRECTOR I STAFF I May 20 1569
A P P P P P P P P P P P P P P P P P P P	22d. PHYSICIAN'S 22e. ADDRESS
RAII	NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be deflached for use as the burial-transparent of the prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept.	230 BURIAL, CREMATION. 23b DATY / 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County) (Store)
Pag Pag Short	TREMOVAL (Specify) 1 5/12/10 1/to. / Land
E-5 UK	24. FUMERAL DIRECTOR ADDRESS L250. RECT. BY_REGISTRAR_ 250 RECT. BY_RECT. BY_RECT
VR A 10 141 45M - 12/69	MAY 23 1969 Thanks Judges
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MARYLAND STATE DEPARTMENT OF HEALTH 87097 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07093 DECEASED NAME First Lost 2a, DATE OF DEATH 2b HOUR (Type or pnnt) Month 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR iast birthday) DAYS MONTHS ! 24 hours 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) MONTGOME DIVORCED b∎rial, cremation, ar removal, and in any event, within 72 remave carbail paper 10 CITY OR TOWN OF BEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital within during most at working life, even if retired) 13a USUAL RESIDENCE (Where deceased tived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle RTLEV 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, or unknown) APPROX MATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY Acres 5 .MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PROBABLE burjal-transit MESENTERIC INFALCTION rise to immed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse? POSSIBLE CANCEL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🗔 TO FUNERAL DIRECTOR: After this certificate 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) TO HOSPITAL OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Tawn County State While Nat while 22a. I certify that (1) (this haspital) attended the deceased fram may 18 , 19 65 , to may 25 , 19 65 , that (1) (we) last saw the deceased alive an MAY 2.5 1965, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED DEGREE PHYS 22d PHYS CTAN S 22e. ADDRESS 1106 SPRING director, Shauld b 235 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) CREMATION. (Stote)



] 1		MARTLAND STATE DEFARINENT OF REALIN	
		07098 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07094
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01034
HEALTH DEPT.		ECEASED NAME First Modele Lost 20 DATE KNOWN Month	Day Year 2b, HOUR
at ge to	,	(ype or Print) Ellen Clarisa Hash DEATH MATED \$ 3	19 1869 125M
detay and 3 17: Pag	3 \$	X 4 RACE S DATE OF BIRTH 6 AGE in years if UNDER - YEAR IF UNDER 24 MRS 20 DATE PRONOUNCED DEAD	Yenr 2d HOUR
delay is and 3 ta	7	enale white Fel 7,1969 lost birthday) MONTHS DAYS MOURS MAN Month Day	Yeor 19/0 // 25
E 2 2 3	7a	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY?   8 MARR ED   NEVER MARRIED   9 COUNTY OF DEATH	11/05/ 12/7/11
- E Q	caur		
ges fa	10. (	TY OR TOWN OF DEATH II NAME DE HOSP TAL DR INSTITUTION (If not in haspital   12a USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
Pa v ff v ff		give street address) during most at withing its even it refired	INDUSTRY
fer death Give Pages I ang with farm th the State D th.	12-	Hellester Suburban Infont	
s after death any detay 18. Give Pages 1, 2, and 3 along with farm PM3. Page with the State Department death.		Section of the control of the contro	
5 5 5 5 E	_	Mont rolling 15 1010 Ta	ul des.
with n 24 havrs after death pencil in Item 18. Give Pag xaminer s Office along with the State pages Land 2 with the State death.	[]4. F	ATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME Eigst Middle	Last
22 S S S S S S S S S S S S S S S S S S		Fronk deland Gost Futh	June
thin 24 miners miners haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  165 SOCIAL SECURITY NO 17 INFORMANT  ADDRESS  ADDRESS	
I with n pen Exam Fire p	£1	mother dans de	ahour
shauld be executed with shauld be executed with ward "pending" in per the Chief Medical Examural-transit permit. Fire in any event within 72		18 CAUSE OF DEATH (Enter only one cause per ine far (a), (b), and (c) )	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed inding" in Medical I permit. I permit. I within		PART I DEATH WAS CAUSED BY:	37M1/7
xer ndiri Ned Per		9 / X	
e e e e f l		Conditions, if any, which gave ) A-Diration of Factoric Contents.	
149 E E E E		lise to the mediate conse (a).	
shauld be e se ward "per o the Chief I buriat-transit		stating the underlying cause DUE IU, UK AS A CONSEQUENCE OF	
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and and and all all all all all all all all all al	NO	190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTDPSY?
cer arw arw	ICAT	WAS PERFORMED?	
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	1	210 EXTERNAL CAUSE WAS 216 T ME OF IN. JRY Month, Day Year 21c HOW INJURY OCCURRED (Enter noture at injury in Part 1 or Part 2, If PRIMARY OR CONTRIBUTING HOUR A.M.	
INER: e cert shaul files. 3 shau	00.	CAUSE OF DEATH	the catery"
the the day of the gent of the	Æ	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, and worth and the foctory, affice building, etc.)	County State
ry blass execute the certificated director. Page 4 shauld be retained for your files. RAL DIRECTOR: Page 3 shauld prior to burial, cremation, control of the		WHILE DAT WORK AT WORK	Montgony Md.
Pagent St. F.		22a. I certify that I taok charge of the remains described above, held an Autopsy 🔼 Inspection 🔀, Inquiry 🔀	and in my apinian
CTO Day		death resulted fram: Natural causes, Accident 🔼, Suicide, Hamicide Undetermined manner	
please explications of the plant of the plan		CHIEF MEDICAL EXAMINER	
ed die		ACTUAL C & S 200 DATE	SIGNED
		7936 Old Georgetow MPPIR MANUEL EXAMINE X	
DEPUTY DICAL EXAM ecessary, please execute the funeral director. Page 4 may be retained far yaur FUNERAL DIRECTOR: Page ealth prior to burial, cremed to the funeral prior to burial, cremed to the function of the functio		NAME (Type)  John G. Ball Pethesda, Maryland ADDRESS(Street, cty, town, or county)	-1-1-1-1
TO DEPUTY necessary, p the funeral 5 may be r TO FUNERAL Health pria	230	BUR AL, (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	((ni.ntv) ((tnta)
F F	100	BURAL (REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY Parklawn Cemetery Rockville, Mont	gomery, Md.
^	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR S	
VR ATSME TO LO		Line 2 - Francis 2 Trans 2 777 Days Date	
10M REV 17881		reckville, Maryland MAY 2 2 1969	100

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07095 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First M.ddle 2g. DATE KNOWN[7] Month James (Type or Print) *Hassett* Sr. DEATH MATED IF LINDER 1 YEAR 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE to years IF UNDER 24 HRS 2c. DATE PRONOLINGED DEAD Month Stote Departm wale 7/17/95 Dov cac 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Office olong with form country) 'ash, DC United States Mi Montg. WIDOWEDX DIVORCED [ 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street oddress! during most of working life, even if retired)
Bricklayer INDUSTRY Silver Spring Holy Cross Hospital with t 130 USJA. RESIDENCE (Where deceased lived it institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 135 COUNTY Howard Ellicot 6604 Allen Lane TYES PET NO T them I ofter 14. FATHER'S NAME First M ddle Lost IS, MOTHER'S MAIDEN NAME First Lost Shae Hassett Eridget richael hour .5 should be forwarded to the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 9218-St. pench (Yes, no, or unknown) (If yes give wor or dates of service) 577-12-1855A James F. Hassett Jr. -Andrews Pl. E College Ple Md APPROX MATE INTERVAL .⊑ within Son) be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE In event 1 DUE TO, OR AS ACCONSEQUENCE OF buriol-transit Conditions, if any, which gave rise to immediate couse (a) gny word shauld DUE TO, OR AS A CONSEQUENCE O stating the underlying couse .⊆ the f certificote PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 0 writing removal, NO ased 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? Z WAS PERFORMED? the certificate, YES [ 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) 50 21b TIME OF INJURY Month, Doy, Year plnous PRIMARY CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D. No. City or Town County Stote loctory, office building, etc.) WHILE NOT WHILE ( FUNERAL DIRECTOR: Poge 22a. I certify that I took charge of the remains described above, held an Autapsy ... Inspection . Inquiry I and in my apinian director. Natural causes Undétermined mannér death resulted from. Acident Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 moy ro FUNE Heolth **EXAMINER'S** NAME (Type) 91 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCATION (City or Town) (Stote) REMOVAL (Specify)
Burial 5/17/69 Mt.Olivet Cem. Wash. 24. FUNERAL DIRECTOR NO 1 Funeral ADDRESS Mt. Rainier 250 RECO BY REG STRAR levis 2Sb REGISTRAR'S SIGNATURE Home Maryland VR A15ME (5) Wilcongs Usedas 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



	1				DEPARTMENT OF HE		
		07400	DIVISION OF VITAL RE	CORDS, 301 W. PR	ESTON STREET, BALTIN	MORE, MARYLAND 2120	1
		07100		CERTIFICATE OF DEATH			07096
rescuted within 24 hours after death.  Ind completely filled in by the funeral emove carbon papers. Pages, and 2 ogy event, with n 72 hours after death.		ECEASED-NAME First	Mic	dd.e	Lost	20. DATE OF DEATH	2b, HOUR
agas, and 2	1	Type or print) Fred	erick W	illiam	Hoino.	Month	36 1969 63 AM
10	3 5	EX	4 RACE		S, DATE OF BIRTH	6 AGE (In Years	IE UNDER I YEAR E UNDER 24 MRS
3	1	Male	White		January 20,	(893 tast birthday)	MONTHS DAYS HOURS MIN
77 11 11	70	BIRTHPLACE (State of Foreign	76 CITIZEN OF WHAT COUNTRY	40		COUNTY OF DEATH	кэ.
4	- Cdl.	usi of Columbia	11/1	I HIMINICIED L	T WELLEY WALKENTED	A.A	h
		CITY OR TOWN OF DEATH	11 NAME OF HOSP	PITAL OR INSTITUT ON (If not		OCCUPATION (Kind of work do	TCOMECU Md
m*	K	LKOMA Park	give street oddress	Jahr Sant	Hos a dur no most	of working life, everyl repre	d) Wastry Estate
15	130.	USUAL RESIDENCE (Where deceos	ed lived, if institution. Residen	cedefore 13c CITY OR 1	OWN 3d INSIDE CITY 19M T	13e. STREET AND NUMBER	a rear conure
15	odm	Maryland	13b COUNTY Gom	eru Silver	Sorial YES X NO[		204 War
0	_	FATHER'S NAME OFFIST	Middle 0		MOTHER'S MOTHEN NAME Firs		Lost
		Frederi	6W	Heine	G.	MMa.	Simpers
de la companya della companya della companya de la companya della	160	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL		FORMANI Thed W	Heine !!! Addres	
		(es, no, or unknown) (If yes give w	or or dates of service) 577—	18-4679	Passas Atra	9705 Soul	herle do office a
		18. CAUSE OF DEATH (Enter onl	v one rouse per ane for (a) th			1	APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
		PART 1. DEATH WAS CAUSED	m11 (2)	e Anterosep	ti/11.	1. T. Lut	Two days
		4109	DUE TO, OR AS A CONSEQ	1	Lat " y De ac a	· S CINICALI	sh 100 days
State of the state		Conditions, if only, which gove		iosclorati	- dh TD.	192593	Samuel
	1	nse to immediate couse (a), stoting the underlying couse(	DUE TO, OR AS A CONSEQ		C. I.C.E.V. VI.	3 6 63 62	Jever of yours
		last	(c)				
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(o)	
	No	Dishoto, My	Hita			. ,	
			CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20e AUTOPSY?		GS CONSIDERED IN CERTIFYING
]	CERTIFICAT				YES NO EXC	CAUSES OF DEATH?	
700		210 ACCIDENT WAS UNDERLYING		21c HOV	V INJURY OCCURRED (Enter n	oture of injury in Port 1 or Port	2, Item 18)
	MEDICAL	CAUSE OF CEATH  (If either, notify medical examin	HOUR A.M. Month Do	oy Yeor			
	ARE I	214 INTIDA UCCHESCO Tale	PLACE OF INJURY ( AT HOME FARM OFFICE BUILDIN		ATION Street or R.F.D. No.	City or Town	County State
		at work of work					
		22a. I certify that (I) (thi	s haspital) attended the	deceased from 5-	-15-, 1969	1 10 5-24	19.60_, that (I) (we) last dote and hour and from the
		saw the deceased al	(I) (wa) (did) (did ===) w	1960_, and	that in (my) (our) opinio	on death occurred on the	dote and hour and from the
		22b. S GNATORE /	, (1) twe) (ala) (ala har) v	lew the budy after de	eun.		
ž.		Xtrearly	Zyl, I	DEGREE	ATTENDING MED	234.72	22c DATE SIGNED
*		22d. PHys CIAN'S	1090	DEGREE	PHYS DIRE  22e ADDRESS	CLOK 17 PHIZ 17	5-26-69
		NAME (Type) Stuar	t L. Nelson			v. Rlud. East.	Silver Spa. Md.
~	230	BURIAL, CREMATION, 236 D	ATE 23c	NAME OF CEMETERY OR CE		23d LOCAT ON (City or Town)	(County) (State)
*		REMOVAL(Specify)				Silver Snring	Tout Marylara
YPC.	24.	MINIBALDINE CORTECT CONTRACTOR			enne 250 REC'D BY F	REGISTRAR 25b REGISTRA	AR S SIGNATURE
69	1	GRASA & Pourph	rey, Inc. ilu		d. DATE JUN	3 1969 400	corles ymage
	-				- 17	1 111	// V



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07097 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED NAME First Albert 2a DATE KNOWN Manth erbert Year 2b HOUR James (Type or Print) ESTI-Page **\***5 DEATH MATED 6 AGE (in years F JNDER YEAR IF UNDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR rihday ] P.M3 W 9-1-93 70 BIRTHPLACE (State of foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Montgomery DIVORCED [ WIDOWED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR along with अध्यात व्यक्ति % Hosp during most of working life, even if retired) INDUSTRY Takoma Park, Md. ETIRED .3a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Adelhi Rd. Adelphi. admission) STATE 13H COUNTY Pr. Adelahi 114 Geo. YES NO F and 2 \ 14 FATHER'S NAME M ddle 15 MOTHER'S MAIDEN NAME First M ddie John Franklin Herbert. Addie Sarah Dean Herbert. the Chief Medical Exampler's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, no, ar unknown) sister Mrs. A. Blair APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter only one cause per line for 10) BETWEEN ONSET AND DEATH PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, ORMAN A CONSEQUENCE OF Canditions, if any, which gave rse to mmed ate cause (a), shauld DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ writing the PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) nseq 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate. pe 21g. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) phods PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY (At hame farm, street, County City or Town State factory, affice building, etc.) WHILE AT WORK AT WORK 22a | certify that Lieok charge of the remains described above, held an Autopsy ... Inspections Inquiry X and in my opinion death resulted from Natural causes Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED TO DEPUTY NAME (Type) 23g BURIAL CREMATION (County) REMOVAL (Specify) MH, OLIVET BURIAL VR A15ME (5) DATE 10M REV 1, 68

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07098 MEDICAL EXAMINER'S CERTIFICATE OF DEATH First HEALTH DEPT. DECEASED-NAME Middle Last 20 DATE KNOWNAS (Type or Print) ESTI-LEON M. HERMAN P.M.3. Poge DEATH MATED the State Department #F JNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD 2d HOUR 64 White 1/26/05 Male 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Poland U.S. Montgomery WIDOWED I DIVORCED [ 8. Give Poges 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 JSLA, OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR Hosp. Economist Silver Spring Cross Gov. 13e STREET AND NUMBER Brunett 3d. INSIDE CITY LIMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13b COUNTY Montgomery Sil. odmission) STATE YES NO Sn land 2 v Burs 14 FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Midd e Mollie Jacob Herman Sil. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? I 66 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) Augusta Herman 10027 Prinett 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) the Chief Medical PART I DEATH WAS CAUSED BY COTUDATU IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave nse to immediate couse (a) shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES -NO OF 210 EXTERNAL CAUSE WAS 21b T ME DE INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 8) PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d INJURY OCCURRED 211 LOCATION Street or R F D No. 21e PLACE OF INJURY (At home, form, street, City of Town County Stote factory, office building, etc.) NOT WHILE I AT WORK L AT WORK FUNERAL DIRECTOR: P 220 I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X and in my opinion Notural couses X Undetermined monner deoth resulted from. Accident . Suicide . Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** 5 may TO FUNE Health John G. Ball ADDRESS(Street, city, town or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (County) REMOVA. (Specify). Burial 6/3/69 King David Mem.Gar. Falls Church. Va. 2So REC D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE Bernard Danzansky & Sons -3501 VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



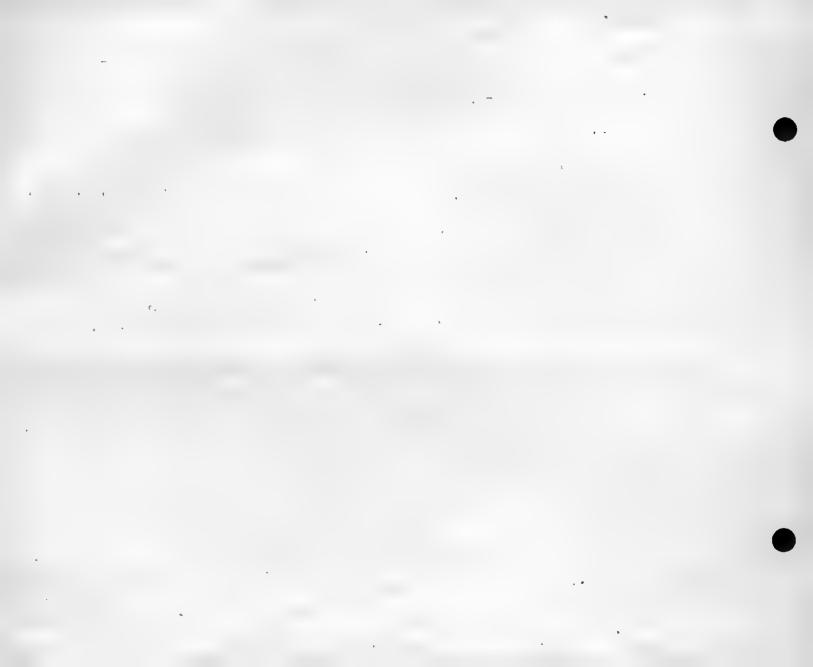
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A to D	₹ <del>*</del> * * * * * * * * * * * * * * * * * *		226 SIGNATURE 2 STAFF 22. D. ATTENDING MED STAFF 22. D.	ATE SIGNED
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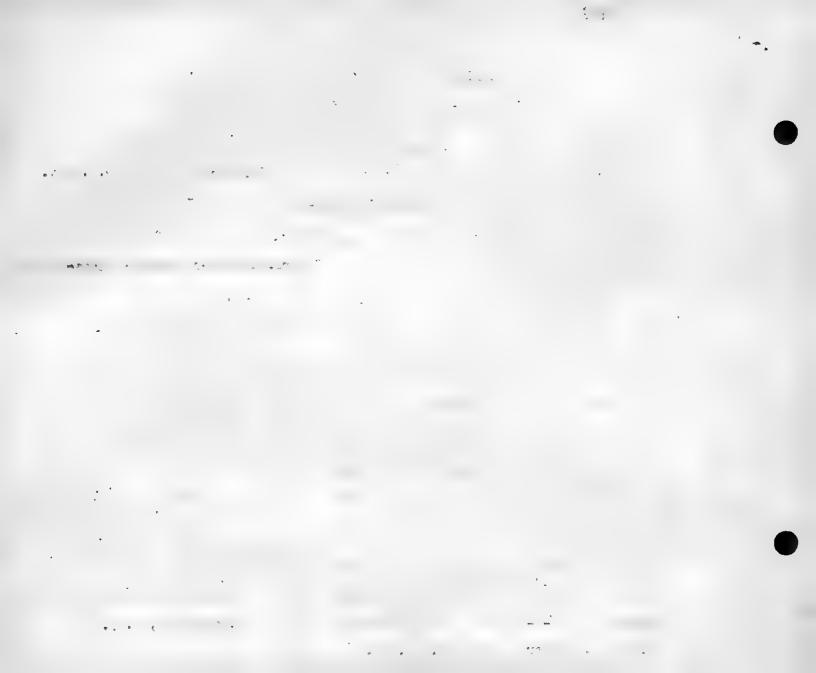
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07101 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Middle First Last 2g DATE KNOWN (Type or Print) EST -Hill Hodges Hazel Page DEATH MATED IF UNDER 24 HRS Department 6 AGE (In years IF UNDER 1 YEAR 2c DATE PRONOUNCED DEAD 3 SEX 4 RACE S DATE OF BIRTH 2d HOUR 1069 72 W 9 COUNTY OF DEATH 7a, BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED along with form Montgomery (ountry) TIS Md. WIDOWED 麼 DIVORCED F 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR during most of warking I fe, even if refired ) MIDUSTRY give swell shressan & Hosp Takoma Park. 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY , MITS? 13e. STREET AND NUMBER 13b COUNTY Mont. admission) STATE Travis Dr. T.P. Md. YES NO 24 haurs and2 after (H) 14 FATHER S NAME Middie IS MOTHER'S MAIDEN NAME 1 Alast Middle haurs pencilin within 16b SOCIAL SECURITY NO. farwarded to the Chief Medical Examine pag (Yes no, ar unknown) (If ves give war or dates of service) Fie APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per nine (a), (b), and ETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions if any which cave ase to immediate cause (a). shauld writing the ward DUE TO OR AS A CONSEQUENCE OF stating the underlying cause .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) В remayal, used 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES IT pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK AT WORK 22a. 1 certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Natural causes VI Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED SIGNATURE 5 may ro FUNE Health NAME (Type) the . 23d LOCATION (City or Jown) VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07102 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a DATE OF DEATH 2b. HOUR and 2 death. 24 hours after death (Type or print) futheral ... Manth 5 DATE OF BIRTH 6. AGE (In years 3 SEX A RACE IF LINDER YEAR IF LANDER 24 HRS. lost birthday) MONTHS HOURS YRS 9 COUNTY OF DEATH To BIRTHPLACE (State or fore an 7b CITIZEN OF 8 MARRIED NEVER MARRIED country) Z~E WIDOWED [7] DIVORCED ( event, within 72 carban paper létely filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind 12b KIND OF BUSINESS OR within Tephone 130 USUAL RESIDENCE (Where deceased aved if institution: Residence before 13c CITY OR TOWN 13d INSIDE OTY LAW 157 13e. STREET AND NUMBER executed dmp admission) STATE 13b. COUNTY regnove YES 📝 No and in any 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME FIRST Middle that the death certificate be, attending physician commit. Then please 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or Jaknown) ( fiyes give war or dates of service) burial, crematian, or remayal, APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 2 weeks permit. Myocardial infarction AMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Coronary arteriosclerosis with thrombosis signed by the burial-transit g Canditrans, if any, which gave rise to immediate couse (a), à DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART N(g) affending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES K NO [T 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INSURY OCCURRED (Enter nature of injury in Part 3 or Port 2, Item 18) Page 4 may be retained by the haspital TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No OFFICE BUILDING, ETC. 21a. INJURY OCCURRED 21e PLACE OF INJURY City of Town Stote County While Not while 22a. I certify that (I) (this hospital) attended the deceased from 1967, and that in (my) (and appinion death occurred an the date and haur and from the couses stated above (1) (aid) (aid) (aid not) view the body ofter death 22b, SIGNATUR 22c DATE SIGNED DEGREE PHYS DIRECTOR 22e ADDRESS 22d. PHYSICIAI TO HOSPITAL 23d LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 23a BURJAL CREMATION 23b. DATE Rockville Mont Parklawn Cemetery 5-5-69 0 Wassconsin Ave 24. FUNERAL DIRECTOR 25g RECD BY REGISTRAR 2Sb REGISTRAR S SIGNATURE Minney ander Robert A Pumphrey Bethesda, Maryland MAY



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for first fi	₫	or contributing cause of Death HOUR A.M. Month Doy Year  [If either notify medical examiner] P.M.	
ING PHYSICIAL by the hospital fler this certifice be detached fa state Dept. of H	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town	Caunty State
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VR A15 (4) 30M REV, 1768		Francis H. Barber Laytonsville, Md. DAMAY 7 1989	1
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0		MARYLAND STATE DEPARTMENT OF HEALTH	
The same of the sa		07108 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	019 4 0 4
FOR STATE	_	· · · · · · · · · · · · · · · · · · ·	07104
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d be executed within 24 haurs after death a "pending" in pencil in Item 18 Give Pages 1, Chief Medical Examiner's Office along with farm transit perm t file pages land 2 with the State De y event within 72 hours after death		WAS DECEASED EVER INUS ARMED FORCES? (18 yes, give wor or dotes of service)  16b SOCIAL SECURITY NO  17. INFORMANT  PAULINE HOlland - 201 N. 4	dans St.
with per Exam File File		Phuline Holland - Pocking	AFROXIMATE INIT.RVAL
scuted writing in perdical Examples File sum to File within 72		18 CAUSE OF DEATH (Enter anly one cause per line for (a) (b), and (c))	BETWEEN ONSET AND DEATH
executed in Medical E		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Pancreatitis Acute Hemorrhagic	E
be ex "pend nief M nnsit p event		DUE 10, OR AS A CONSEQUENCE OF.	
d "pe d "pe Chief		Conditions, if they, which gave nise to immediate cause (0). (b) Acute & Chronic Alcholisim -	
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riting rarde rarde d as	NO	19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20 AUTOPSY?
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EXAMIN Life the 1ge 4 sh your fill Page 3 s		WHILE INDITION WHILE IT factory, affice building, etc.)	toonly ordin
ccal Examiner: execute the certion. Page 4 shauld of far your files. CTOR: Page 3 shaul bur'al, crematian,		AT WORK AT WORK	<u> </u>
lease exec director. Po estained for DIRECTOR:		22a   certify that I took charge of the remains described above, held an Autapsy (1), Inspection (2), Inquiry (2) death resulted from. Natural couses (2), Accident (1), Suicide (1), Hamicide (1) Undetermined manner	
olease directe etaine etaine on to b			
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o DEPUTY DICA necessary, please e the funeral director 5 may be retained 5 FUNERAL DIRECT Health, prior to bu		EXAMINER'S  NAME (Type)  ADDRESS(Street, city, town, or county)	7
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health or	230	BURIA, CREMATION, 23b DATE, 23c NAME OF CEMETERY OR CREMATIONY 23d SCAT ON (City or Town)	(Caunty) (State)
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	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME Tirst Month Day Year 2b. HOUR OF ESTI-
af af	(Type or Print) Mary Milly Hopkins DEATH MATED 5-26 1969/23
delay is nd 3 to 3. Page ment of	3 SEX 4 THE S PATE OF BIRTH SEE (a years SCHOOLER ) YEAR IF UNDER 24 HES 2C DATE PRONOUNCED DEAD 2d HOUR
2, and PM3. PM3.	Fer Cauc Mey 24-1875 7 9 48 MONTHS DAYS HOURS MIR. MOST 206 YEARS 125
75 7 Page	70 BIRTHPLACE (State or foreign ) The CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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frer death Give Pages ang with far frh the State,	10 CITY OR LOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitate   12a USHAL OCCUPATION (Kind of ork done   12b MND OF BUSINESS OR discount of working held from it retailed   INDUSTRY
we for the	there some 2100/ derper stil beers these !!
s after death 18. Give Pag alang with with the Sta death.	13a USUAL RES DENCE (When deceased lived institution Residence before 13c. CTY OR TOWN 13d Mission STATE 13b COUNTY 1 13b
haurs tem 18 Office c ond 2 v	That there of period a feet section is
	14. FATHER'S NAME First Middle Last
hin 24 ncil in niner's pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 1/2 HOFORMANT) 6/1/2 / AUGUSTS 1/2 / 1/
executed within anding in pencil Medical-Examine to permit. File page int within 72 have	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unity Myn) (H yes give war or dates of service) 16b. SOCIAL SECURITY NO. (She yes war or dates of ser
xecuted wil ding in pe ledical-Exor permit. File t within 72	18 CAUSE OF DEATH (Enter only one cause per line fal.(a), (b) and (c))
また な な 電	PART I. DEATH WAS CAUSED BY:
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be exemple the period of the p	Conditions, if any, which gave )
	rise to immediate cause (a), (b).
te shauld be exert the ward "pending I to the Chief Medi a burial-transit perr nd in any event w	lost.
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INER: To certific should be files. 3 should bottom or certion, or	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19  21d INJURY OCCURRED 2 e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State
INER: e cert shout files. 3 shou	21d INJURY OCCURRED 2 e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State
	WHILE NOT WHILE AT WORK AT WORK
	220. I certify that I took charge of the remains described above, held an Autopsy , inspection , Inquiry , and in my apinion
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please e l director retained	CHIEF MEDICAL EXAMINER
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ro DEPUTY necessary, if the funeral S may be r TO FUNERAL Health price	NAME (Type) 2 ELDEN EADING (county)
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		1	MARTLAND STATE DEPARTMENT OF HEALTH
17			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Name and Address of the Owner, where the Owner, which is the Owner, whi		П	CERTIFICATE OF DEATH 07107
	death.		FECEASED-NAME Type or print) Douglas Middle Lost 20 DATE OF DEATH  Type or print) Douglas Month C Day 1 Year 9 M
		3. 5	
-	hour in by rs .P.		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	ed pa	10	WIDOWED DIVORCED WOND OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a USUAL OCCUPATION (Kind of work done 13b KIND OF BUSINESS OR
	oletely fi	12-	Ruckille grestreet address) Unlie North during most alwarking life, even if retired) Construction
	complete cove corl	adn adn	usual RESIDENCE (Where deceased lived, if institution Residence 13c CITY OR TOWN 13d INSTITUTION 13d STREET AND NUMBER 13b COUNTY Montgones Back 1/6 YES NO 101 Back CIESE DR
(	icate be receipt	14	FATHER'S NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle Lost  Thomas Hoyle Martha McGruder.
	physician physician please	160	(es, no or unknown) (11 yes give war or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT 578-09-3776A Catherine U. Hoyle-1011 Rockcrest Dr.,
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon poshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within the state Dept.		IB. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  APPROXIMATE MILEVAL BETWEEN ONSET AND DEATH  LYCAN  LYCAN  DUE TO, OR AS A CONSEQUENCE OF
	hot the n. yy the ansit p		Conditions, if ony, which gave a set of immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
\	quires the physician. signed by burial-tran		lost. (c)
13	The low requires the attending physician. has been signed by se os the burial-tran h prior to burial, cre.	NO	
1	The low rattending has been se os the th prior to	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?
	ICIAN; pital or rrificate id for us of Healt	MEDICAL CE	21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)    OR CONTRIBLTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   19   19   19   19   19   19   19   1
	G PHYSICIA) the hospital this certifica detoched for	*	21d. INLURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street at R.F.D. No City or Town County State at work at work
	ATTENDING PHYSICIAN: stained by the hospital or CTOR: After this certificate should be detoched for lith the Stote Dept. of Heal		22a. I certify that (1) (this hospital) attended the decrased from 10/12/1, 1966, ta 2/26/1, 1967, that (1) (we) lost sow the decrased alive on 1967, and that in (my) (see) apinian death occurred on the date and hour and from the couses stated above, (1) (we) (did) (dia not) view the body after death.
	OR ATTENI be retained DIRECTOR: A le 3 should ed with the		226 SIGNATUSE DEGREE PRYS DIRECTOR PHYS 22c DAJE SIGNED 126 6 89
	TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the Stote Dept. of Healt		22d PHYSICIAN'S NAME (Type) Robert C. Macon 22e ADDRESS Viers Mill Rd, Rockville Md.
	Page To FUN direct	L	BURIA, CREMATION 23d DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) May 29, 1969, Parklawn Cemetery Rockville, Montgomery, Marylan
	VR AISTO	24	FUNERAL DIRECTOR 2/3/1/2018 8434 ADREST GIA AVENUE 250 RECUBER SIGNAL RECURRANT SIGNAL RECORD ATE MAY 29 1969 HUMAN 29 1969
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MARYLAND STATE DEPARTMENT OF HEALTH 07112 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 67108 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle ond 2 death. 2g. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2b. HOUR and completely fitted in by the funeral reasons of the funeral in one event, within 72 hours after deat (Type or print) Month SE ON Sewe 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF JNDER THEAR F JINDER 24 HRS lost birthdoy) MONTHS I DAYS 70. B RTHPLACE (State or foreign 7b. CITIZEN MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED IT DIVORCED Montgomero IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USLAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working afe, even if retired ) 130 USUAL RESIDENCE (Where deceased lived, if odmission) STATE astitut on Residence before 13d INSIDE CITY LIM TS? 13a STREET AND NUMBER YES DET and in ony 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Lost Mae umbu please the attending physicion sit permit. Then please 160 WAS DECEASED EVER IN S ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) I (III yes give war or dates of service) director, page 3 should be detached for use as the buriol-transit permit. Then provide be filed with the State Dept. of Health prior to buriol, cremation, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY evebro IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the Conditions, if any, which gove ) Menincimi rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or ottending physician. stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) hos been 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING Neaplasm CAUSES OF DEATH? fo FUNERAL DIRECTOR: After this certificate 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item 18.) TO HOSPITAL OR ATTENDING PHYSICIAL OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Yeor P.M (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify tho (1) (this hospital) attended the deceased from 1969 saw the deceased plive on... , and that II (my) (our) apidian death occurred an the date and hour and from the 3 should couses stoted above, (I) (we) (did) (did not) view the body ofter death 22b S GNATURE 22c. DATE SIGNED DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 1015 NAME OF CEMETERY OR CREMATORY Funeral Home 23o BUR AL, CREMAT ON 23b. DATE LOCATION (City or Town) 23d Removal (Specify) 5/9/69 Huddleston Cookeville Putnam 24 FUNERAL DIRECTOR ZSO REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 45M 1/69 DAMAY 45M Francis Gasch's Sons Hyattsville, Maryland

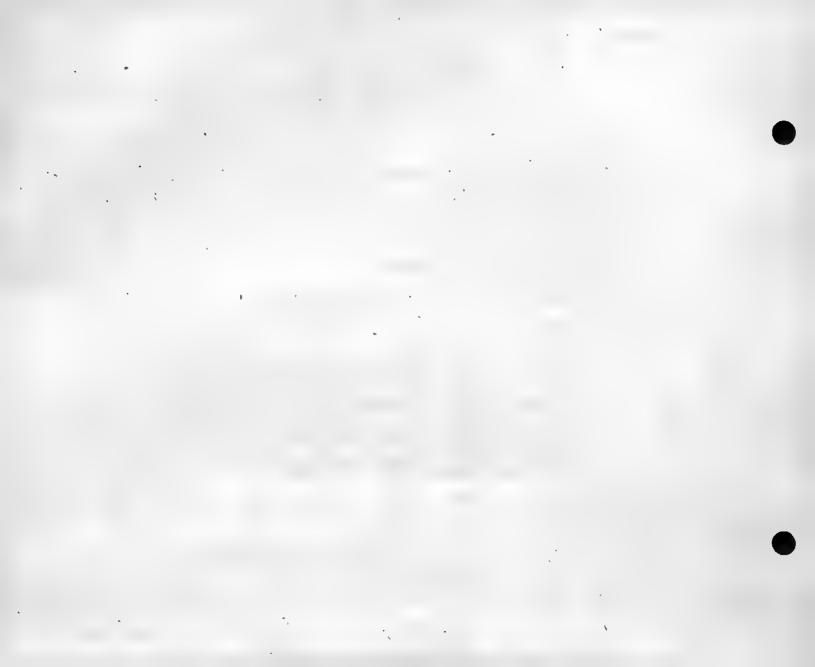




		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7110
	_	07114 CERTIFICATE OF DEATH	LIU
-0 : 0-	- 1	1. DECEASED-NAME First Charles Middle Peter Lost Huttrer 20. DATE OF DEATH	2b. HOUR
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He He		lost birthday) MONTHS DA	
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within 24 hours after deaf lely filled in by The Ponerol bon popers. Poggs. I and within 72 hours after deaf	7	10. CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of work not life, events fettred) INDUSTRY	OF BUSINESS OR
with with with	3	3 / Ver Spring give street address) Holy Cross Auministration (MDUSTRY	N. I.H.
int, int,	- 1	* 13a. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before 18c CITY OR TOWN 13d. IMSIDE CITY LIMITS? 13e. STREET AND NUMBER	
executed and completed compose	12"	admission) STATE md 13b. COUNTY Be + Nesda YES NO 6316 OWEN PLACE	E
DE E	~	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
D O O	- 1	MANFRED HUTTRER ANNA STRAS	SBERG
cian dia and		160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address	-1 -
requires that the death certificate be executed within 24 has g physician. In signed by the ottending physician and completely filled in a burial-transit permit. Then please remove carbon papers, a burial, cremation, or removal, and in any event, within 72 has burial, cremation, or removal, and in any event, within 72 has burial.		Yes, no, or unknown) (If yes give wor or doines of service) 1098-12-6341 LUCY I TUTTRER, WIDOW, SAME AS	=13
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low low been so the rior t	12	19a. Date of Operation 19b. Condition for which operation was performed 2Do. autopsy? 20b. 1f yes, were findings considered in	CERTIFYING
The off hos	$\Lambda$ 1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY 12b. HOW INJURY OCCURRED. (Fater nature of injury in Part L or Part 2 Item 18.)	
or are	-/		
CIA Figure 1		Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M.  21d INJURY OCCURPED 121a PLACE OF INJURY (AT HOME FARM STREET FACIORY) 21f LOCATION Street or P.F.D. No. (if you Town)	
YSI osp		TO SEE ALLED A COURSE OF BUILDING OF BUILDING AST MAKE KARN STREET ENTROPY OF LOCATION CANADA DE D. M.	Stote
PH his his office Dept		While Not white at wark of wark	
of de t		22a. I certify that (I) (this haspital) attended the deceased fram 1957, to 1957, to 1957, to 1957, the same of the deceased fram 1957, th	at (I) (we) last
A Page		saw the deceased alive an	ur and fram the
# Per Se Per Per Per Per Per Per Per Per Per Pe		causes stated abave, (I) (we) (did) (did nat) view the bady after death.	
A B B SHE	1	22b. SIGNATURE 22c. DAJE SIGNED	
OR De r	/	DEGREE PHYS DIRECTOR DIRECTOR 51AFF 5/30	11967
AL D		22d. PHYSICIAN'S 22e. ADDRESS	0
SPITAL OR ATTENDING PHYSICIAN: The flow requires the famoy be retained by the hospital or ottending physician. VERAL DIRECTOR: After this certificate hos been signed by or, page 3 should be detached for use as the burial-troid be filed with the State Dept. of Health prior to burial, cre		NAME (Type) BLAINE HEIG 9F0192eg ~ Consolin	my &
Jac 4		230 BURIAE CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
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1,1	0	24 FUNERAL DIRECTOR LACE CAWLED'S SON LAPDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5, SIGNATURE	
VR A 5 A 30M RE	10	\$130 WISC, AVE., N. W WASH., D. C. 20016 DALIN 5 1969 (Cuarles June	iges .
	11,4	DAIL .	2



12	1			MAK DIVISION OF VITAL REC		DEPAKIMENT OF RESTON STREET, BAI		D 21201		
10		07115	Ella			ATE OF DEATH		0	7111	
÷ZZ÷	1. DI	CEASED-NAME ype or print)	First	Midd	le	Lost	20. DATE OF DEATH	ynth Doy	Voor	2b. HOUR
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	OR ATTENDED be retoined DIRECTOR: A 3e 3 should bed with the				e(1))(we) (did) (did hot) view the	body after death.		
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30M REV. 1/68	6	ULDBERG FU	NERAL	HOME 9	ST. K. WOMAY	28 1969 John	An model



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07114 17118 CERTIFICATE OF DEATH DECEASED NAME First Middle last 20. DATE OF DEATH deoth. death 2b HOUR uneral and (Type or print) 1989 11 AM Dona Isard 24 hours after 3 SFX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 6 AGE (In years ician and campletely filled in by the lease remave carban papers Press and in any event, within 72 hours aft last hirthday) MONTHS DAYS HOLES Feb.21, 1890 Female Cauc. 70 BIRTHPLACE (State or fore on 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [ DIVORCED [ Montgomery Pennsylvania USA TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a JSJAL OCCUPATION (Kind of work done executed within 12b KIND OF BUSINESS OR g ve street podress) physician and campletely fi en please remave carban during most of working the even if retired)
Housewife INDUSTRY Silver Spring 130 USUAL RESIDENCE (Where deceased ved, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER adm ssion) STATE 134 COUNTY Washington YES:K NO 🗀 1425 Manchster Lane, N. W. 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle last Fulmer Harry Jennie certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES?NO 16b SOCIAL SECUR TY NO 17 INFORMANT Address Yes, na, ar unknawn) burial, crematian, ar remaval, 087-16-6711-8 Mrs. Hilda Bloom, 1119 Quebec St. Sil. attending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) ) BETWEEN ONSET AND DEATH requires that the death PART I. DEATH WAS CAUSED BY Myocardial Infarction (probable) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if only, which gove ) Atherosclerotic heart disease rise to immediate couse (a), DUE TO: OR AS A CONSCOURNER TOF stating the underlying cause (d) With congestive heart failure PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) offending FUNERAL DIRECTOR: After this certificate has been irectar, page 3 shauld be detached for use as the hould be filed with the State Dept. af Health priar ta Diabetes Mellitus 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🔯 Page 4 may be retained by the haspitol ar 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work 220. I certify that (1) (this haspital) attended the deceased from 1000, 1908, ta 7711104, 1969, that (1) (we) lost saw the deceased alive an 1909, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death, 22b. SIGNATURE 22c DATE S GNED ATTENDING STAFF DIRECTOR PHYS. 22d PHYSIC AN'S 22e ADDRESS NAME (Type) 1909 Hanover Street, Silver Spring, Md. Dr. Donald B. Doty 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d. LOCAT ON (City or Town) (County) (State) REMOVAL (Specify) 2 May 21, 1969 National Memorial Park Falls Church Va. 24. FUNERAL DIRECTOR ADDRESS 2Sa REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 45M - 1/69 Melerila Jaedel **1009** Goldberg Funeral Home 4217 9th Bt., N.W.

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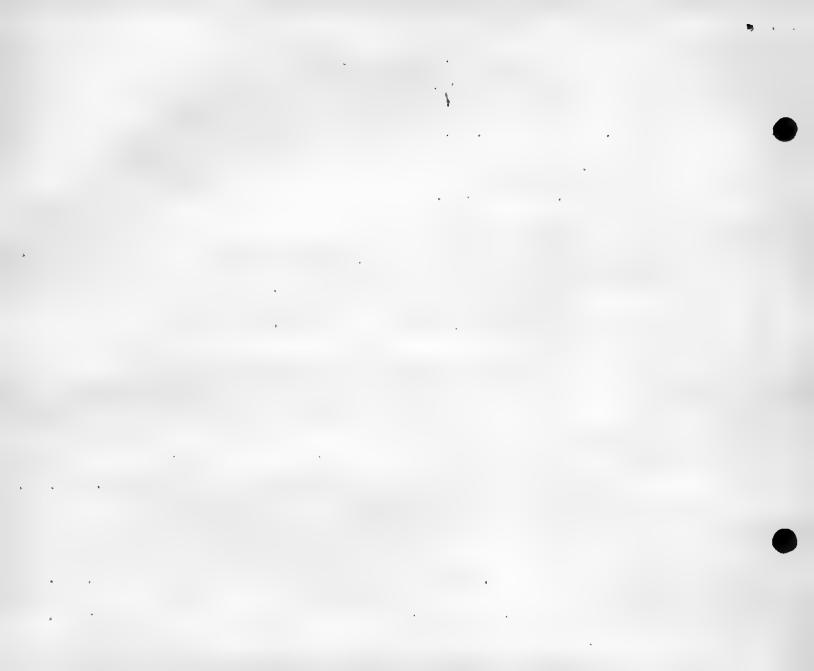
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Ferst Middle Lost 20. DATE OF DEATH 2b HOUR (Type or print) e law requires that the death certificate be executed within 24 haurs after deat John 700 GIRSO A 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF LINDER 1 YEAR IF UNDER 21 HRS lost birthday) DAYS HOLES YRS haurs 200 To BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED N country) . Montpagnery paper WIDOWED F D VORCED Arthin 72 illed 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 20 USJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even firetired) give street oddress) **INDUSTRY** cómpletely f 130 USUAL RES DENCE (Where deceased lived, if institution, Residente before burial, crematian, ar remayal, and in any event 13c CTY OR TOWN 13d INSIDE CITY JAMITS? 13e STREET AND NUMBER ndmission) STATE 13b COUNTY Nankir гето 14 FATHER'S NAME Middle Lost IS MOTHER'S MATDEN NAME FIRST Midde Last and Unknown Unknown physician 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) no attending presents. The 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse; lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the state Dept. of Health priar tall 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) TO HOSPITAL OR ATTENDING PHYSICIAN: OR CONTR BUTING CAUSE OF DEATH be retained by the haspital HOUR A.M. Month Dov Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21d IN. JRY OCCURRED 21f LOCATION Street or R.E.D. No. City or Town County Stote While Not while ot wark 220. I certify that (I) (this hospital) oftended the deceosed fram 5 3 , 19 64 , to 5 17 , 19 64 , that (I) (we) last saw the deceased alive on 19 64 , and that in (my) (our) apinian death accurred on the dote and hour and from the couses stated abave. (I) (we) (did) (dia nat) view the body after death ATTEND NG DEGREE PHYS D RECTOR PHYS PHYSICIAN S NAME (Type) Israel 22e ADDRESS Silver Spring Spector 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) 230 BURIAL CREMATION, 23b DATE (Stote) (County) Prince GeorgesCounty Md. Ft. Lincoln Cemetery EUNERAL DIRECTOR REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR Kleanlas DATEMAY



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MAKYLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 () 7 1 1 9 CERTIFICATE OF DEATH FilmGh13 6/3/69 kk DECEASED NAME Middle Last 2o. DATE OF DEATH within 24 haurs after deoth. by the funeral (Type or print) 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS burial-Iransit permit. Then please remove carbon papers. Pages 1 burial, cremation, or removol, and in any event, within 72 hours after 6. AGE (In years DAYS HOURS MONTHS 9. COUNTY OF DEATH 70. B.RTHPLACE 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED [ DIVORCED [ etely filled 120 USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** 13 STREET AND NUMBER RESIDENCE (Where deceased lived if institution: Residence before executed comple physicion and comp en please remove MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME First Lost Mary Baicobitz Kussel Keren requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes no or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ATWEEN ONSET AND DEATH PART . DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) heart due to overstrain -weeks Ishy Sema Conditions, if ony, which gove ; signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. IG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTAINED prior to £ mellitus Page 4 may be retained by the hospital or attending as the hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? use YES -NO E director, page 3 should be detached for use should be filed with the Stote Dept. of Health O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 215, TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while of work to 180 \_19 69, and that in (my) (aur) apinian death accurred on the date and hour and from the 3 should causes stated abave. (1) (we) (did) (did not) view the bade after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 27e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) (Stote) 23C NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 23o. BURIAL, CREMATION REMOVAL (Specify) ESAVETERAD. 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 3501-141654, Dangarshy 30M REV 1/68





			MARYLAND STATE DEPARTMENT OF HEALTH
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	by the fler the be de State		22a. I certify that (i) (this hospital) attended the deceased from Warch 16, 19 66, to May 28, 19 67, that (i) (we) lost sow the deceased alive on 10 64 10 10 10 10 10 10 10 10 10 10 10 10 10
	ATTENDING etained by th CTOR: After shauld be d rith the State		sow the deceased alive on 1604 - 1907, and that in (my) (our) apinian death accurred an the date and haur and fram the couses stated above, (I) (we) (gid) (did nat) view the bady after death.
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	VR A15 (4)		FUNERAL DIRECTOR ADDRESS 2SO REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	30M REV 1/68	B	ernard Danzansky & Sons-3501 14th St. Markin 3 1968 (Charles Justin)





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d cc	14.	FATHER'S NAME FIEST	Middle Last	_		Last
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pris of pot		White Mat while Mat while	OFFICE BUILDING, ETC	)   1111   1211   1111		
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the the	-	causes stated abay	ve, (I) (we) (did) (did not) view the	e bady after death.		
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AL DOY E		22d. PHYSICIAN'S		22e. ADDRESS	oth M IJ III allowed	n c
ERA ERA Dr. F		NAME (Type) S.	W. Nealon Jr.	919 196	1 DL. N.W., Wash.,	D.C.
HOS HECTC Oulc	23	a. BURIAL, CREMATION, 23b	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State) Md.
5 0 g c/		Burial 5			Silver Spring new	ontgomery Co Md
1.1	24	FUNERAL DIRECTOR 10	SEPH GAWLER'S SON, INCORE	SS 25a REC D	BY KLUISTKAK ZSb REG STKARS	SIGNATURE
30M REV. 1768	1	\$130 WIS	C. AVE., N. W. WASH., D. C. 20	bare Y	8 1969 1	of the Contraction
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifing the page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician, page 3 should be detoched for use as the burial-transit permit. There is should be filed with the State Dept. of Health priar to burial, cremation, or removing the property of the state o	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine adjunctor, page 3 should be detached for use as the burial-transit permit. Then precess proposes are proposed to the proposed of the proposed proposed proposed to the proposed propo	The property of the decent of the deciding of the filled in by the decent of the deciding of the most of the deciding of the	DIVISION OF VITAL RECORDS  1. DECEASED NAME [Type or print)   Ralph	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAIT CERTIFICATE OF DEATH    CERTIFICATE OF DEATH   CERTIFICATE	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BAITIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  Loci Cand Dame  First Models

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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07	124
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20 DATE KNOWN Manth Day	eor 2b HOUR
of ge	(Type or Print) ANNA V. KPETSINGER DEATH MATED \$ 5-25	1969 75 M
d 3 Bo	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE IN YOURS FUNDER 1 YEAR IF UNDER 24 HRS 2C, DATE PROMOUNCED DEAD	2d HOUR
ny delay is 2, and 3 to PM3. Page	FEMALE THITE VENTONE 80 YRS MOUTHAY 25 TO 1801	69 75 M
W. 413	70 BIRTHPLACE (Stote or foreign 75 CTLEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
This certificate should be executed within 24 hours after death any delay is cote, writing the word "pending" in penc. I in Item 18 Give Pages 1, 2, and 3 to be forwarded to the Chief Medical Examiner's Office olang with form PM3. Page 1 be used as a burial-transit permit. File pages 1 and 2 with the State Department of or removal, and in any event within 72 hours ofter death.	COUNTRY) VERMONT UNITED STATES WIDOWED DIVORCED Montgomery	Md
be executed within 24 hours after death pending in penc. I in Item 18 Give Pages nief Medical Examiner's Office along with formait permit. File bages 1 and 2 with the State levent within 72 hours ofter death.	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospita 12a USUAL OCCUPATION (Kind of work done 12b KIND)	OF BUSINESS OR
de ye h	Bethesda give street gaddress SUBURBAN HOSPITAL during most of working life even if retired MOUSEWIFE A	T HOME
s after de 18 Give solang wath the death.	126 21KCCI MUDIA GERBOSEG INGO, IL INZULTUDIO KRISIGENCE DELOCE LOCAL OK LOCAL	
18 18 2 w 2 de	odmission) STATE id. 13b COUNTY font. Bethesda YES NO 12712 S. Chelsea	La.
hours Item Office ofter	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
24 S S S		OODNOUGH
thin 24 nucl in purer's pages hours	16g. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, ng, or unknown) (If yes gave war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
Exon Exon File	NO ROBERT KREISINGER, HUSBAND, SAME AS I	
ed v	[ 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).)	POX.MATE INTERVAL
dico dico	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary thrombosis, eld and recent	
exe endi Me t pe t pe	4/109 DUE TO, OR AS A CONSEQUENCE OF	
p p p p p p p p p p p p p p p p p p p	(conditions, if only, which gave ) (b) Advanced Coronary arteriosclerosis	
uld ord e Cl e Cl al-tr	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be executed ne word pending in the Chief Medical burial-transit permit.	last. (c)	
This certificate should be executed total word pending in the forwarded to the Chief Medical E be used as burial-transit permit. For temoval, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Signature Signat	Z Cerebral infarct, eld left cerebral	
will will will well will won how	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 A WAS PERFORMED?	LTOPSY?
his ote, be to ren	The state of the	FS NO
<u></u> = − − − −	210 EXTERNA. CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part 2, Item 18) HOUR A.M.	
NER: certif should files. shoulc	K CAUSE OF DEATH P.M. 19	
(AMINER: te the certil pe 4 should rour files. age 3 should cremotion,		State
bical Examiner: se execute the cert sctor. Page 4 should ned for your files. ECTOR: Page 3 shou buriol, cremotion,	WHILE NOT WHILE I TOCTORY, OTTICE DUILDING, etc.)	
Parkect Parkec	220. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspect on 🔀, Inquiry 🔀, and	in my opinion
e e e e e e e e e e e e e e e e e e e	death resulted from: Notural couses 🔀, Accident 🗌, Suicide 🔝, Homicide 🔲, Undetermined manner 🗌	
please of directored retoined or to bu	CHIEF MEDICAL EXAM.NER	
Y plant of the reconstriction	SIGNATURE John 9. Bell M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED	
PUT Sory June V by ER	EXAMINER'S DEPUTY MEDICAL EXAMINER 1 26	,1969
necessory, the funeral S may be r	NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	
necessory, please execut the funeral director. Pag 5 may be retained for y 10 FUNERAL DIRECTOR: PHeolth, prior to buriel,	230. BURIAL, CREMATION, REMOVA, (Specify) Cremation  230. Date  231. NAME OF CEMETERY OR CREMATORY Cremation  230. LOCATION (City or Jown) (County) Suitland, rince cor	(State)
n R		
by by	24 FUNERAL DIRECTOR JOSEPH GAWLER'S SON, INCADDRESS 250, REC'D BY REGISTRAR . 25b. REGISTRAR'S SIGNATURE	Md.
10M REV 1/08	5130 WISC. AVE., N. W. WASH., D. C. 20016 DATHMAY 2 8 1969 June 9	reigh

MAKYLAND STATE DEPAKIMENT OF HEALTH



4		tem! FilmGILE3 MARTLAND STATE DEPARTMENT OF HEALTH
,	6/	/11/69 kkm Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07125
HEALTH DEPT.	1 0	DECEASED NAME First M.ddle Burnett lost 20 DATE KNOWN Month Doy Yeor 2b HOUR_
	(	(Type or Print) Bornes FAMINEHY Land DEATH MATER \$ 5 30 1969 9 35 M
ond 3 to and a to and a to and a to a t	3 5	
g p d g		4, RACE STREET STREET
ny del		7 7 D/ // D/ // DØ 1985
F- 64		BIRTHPLACE (State or foreign 76 C.TIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
L s d d d	cour	ntry N. U. 9.5A. WIDOWED DIVORCED MONTGOMETY Me
arth ages ith far	10.	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital DEATH) 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
frer death Give Pages ang with far th the State ith.		Wheaton give street oddress Parker Ave. during most of working ite even if retired.) INDUSTRYeel-
ng h + h . h .	130	INCIDAL DES DENCE (Where deceased Lyad of institution Pas dence hefore 13c CITY OR TOWN 13d. NSIDE CITY UM-TS? 13e STREET AND NUMBER
s after 18. Giralong		odmisson) STATE Md. 13b COUNTY Montgomery Wheaton YES & NO 2908 Parker Ave
executed within 24 haurs after death anding" in penc. In item 18. Give Pages 1, Medical Examiner's Office along with farm permit. File pages 1 and 2 with the State De nt within 72 haurs affer death.	14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
The second secon	177	
2 = 2 8 5	-	Patrick Lamb Elizabeth Burnett.
hin 24 nc.l m nnner'y pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  Yes, no, or unknown)   (If yes give wor or dates of service)
within 24 in penc.l in Examiner's File pages	,	Purs Dorothy Lamb. 2908 Park Ave. Wheaton Md.
be executed with be executed with pending" in penhief Medical Examinates ansit permit. File event within 72		18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY.  Company of the company one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY.
xecuted nding" ii Medical permit.		PART I DEATH WAS CAUSE OF CARE OF CARE DIE Lacerations Multiple Sudden.
e execute pending: ef Medica sit permit		DUE TO, OR AS A CONSEQUENCE OF
be e iief n		
i de la se		rise to immediate couse (a),
should e word the Ch wriat-tra		storing the phoeniand coose
shauld be en ward "per o the Chief I buriat-transit I in any ever		lost. (c)
(V, 5 ± ± 2 2 5		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ffica fing fring rdec as	=	
wri wri	ATIC	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
his certif ate, writi e farwar be used	CERTIFICATION	WAS PERFORMED?  YES   YES   NO □
MINER: This the certificate, a shall be for it files.  e 3 should be to a 3 should be a mation, at rer		216 EXTERNAL CAUSE WAS 216 TIME OF IN.URY Month Doy, Year 21c HOW INJURY OCCURRED (Enter nature at in-cry in Part 1 or Part 1 or Part 18)
INER: The certification of the	MEDICAL	PRIMARY TO OR CONTRIBUTING 1 9 35 PM 5/30 1969 Shot Self-with Refle in mouth
INER e cer shaw shaw files. 3 sho atian	₩ ₩	21d INJURY OCCURRED 21e PLACE OF Nunky (At horfe, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State
XAMINER: ite the certi ge 4 shalles. yaur files. lage 3 shou cremation,		WHILE AT WORK
EXAMINER cute the cer age 4 shall r yaur files. Page 3 sho	1	AT TOOK COUNTY TO THE TOOK COUNT
ICAL E. executor. Pograndor. Pograndor. CTOR: Purial,		220. I certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X, and in my opinion
JICAL E lease executed lease executed lease executed lease of the standard for DIRECTOR: It to buriol,		deoth resulted from. Natural couses . Accident ., Suicide ., Homicide ., Undetermined manner .
please I director retained to biREC		CHIEF MEDICAL EXAMINER
The second of th		ACTUAL SIGNATURE Of Bell MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
OUTY Cary, here be		EXAMINER'S DEPUTY MEDICAL EXAMINER D- May 31, 1969
o DEPUTY SICAL EXA necessary, please execute the funeral director. Page 5 may be retained for you be FUNERAL DIRECTOR: Page Health, priar to burial, cre		NAME (Type)  ADDRESS(Street city town, or county)
necessary, pled the funeral plant for the funeral plant for the funeral plant Health, prior the	230	O BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
F F	1	o BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) 6/3 /69 Cedar Hill Crematory Pr Geo Co 1-kl.
0.0		FUNERA. DIRECTOR W. K. Huntemann & Son, ADDRESS 5732 Georgi 20 AND PV REDISTRAR 250 REGISTRAR S SIGNATURE
VR AT SME (5) V (6)	1	M. A. Here tour Wash D.C. DATEJIJA 3 1989 Persone One
10M REV. 1/68/12 \		VI THE PROPERTY OF THE PROPERT



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17			07130		ERTIFICATE OF DEATH		07126
4	ol ol sth.		ECEASED-NAME First Type or print)	Middle	Last	2a. DATE OF DEATH Month Doy	2b. HOUR D
•1	by the funeral pours and death	L	Agnes	Ashford	LANE	May 2	1969  1:15 M
		3. \$		4 RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.
_ ;	Pag th	L	Female	Cauccasian		904 64 YRS.	
	s. hou	cau	BIRTHPLACE (State or foreign nitry)	7b. CITIZEN OF WHAT COUNTRY?	MANKIED [ ] MEACH WARKIED [ ]	9, COUNTY OF DEATH	
	d ir	W	ashington. D.C.	USA	WIDOWED TO DIVORCED	Montgomery	Md
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3	wiff help with h		Bethlesda	give street address) Nava	1 Hospital	st of working life, even if retired.) Ousewife	N/A
	icion ond completely filled in by the lease remove carbon papers. Page and a and a any event, within 72 hours	13a. odm	USUAL RESIDENCE (Where decease ission) STATE Maryland	ed lived, 1 institution. Residence betare	Annapolis YES NO	TOTAL BANKER THE	reet
	par 2	14.	FATHER'S NAME FIRST	Middle Last	IS. MOTHER'S MAIDEN NAME F	rst Middle	lost
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-	physicion ren please ovol, and		. WAS DECEASED EVER IN U.S. ARM	Or Or defen of conuces	O. 17, INFORMANT	Va. Beachdress Va	1.
e e	hys vol,		(es no, ar unknawn) (If yes give wi	426-60-84	95 James A. Metca	lfe, 4001 Edinbur	ch Drive
	The The		18. CAUSE OF DEATH (Enter onl	ly one cause per line for (a), (b), and (c) BY			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	equires froit me death cerring physicion. signed by the ottending physiciantal-transit permit. Then purial, cremation, or removol,		PART I. DEATH WAS CAUSED	D BY  ATE CAUSE (6)CARCINOMA O	F BREAST WITH MULT	IPLE METASTASIS	
7	offe erm on, (		174 X	DUE TO, OR AS A CONSEQUENCE OF			
4	ation a		Conditions, if any, which gove a rise to immediate couse (a),	(b)			
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	ng ing to to	- X					
_	endi s be s t os t rior	CERTIFICATION	196. DATE OF OPERATION 196. (	CONDITION FOR WHICH OPERATION WAS PER	RFORMED 20o. AUTOPSY?	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
1	the hat	E			YES 🔀 NO 🗆	Yes	
2	or u		210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH		21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2, I	tem 18.)
3	of the state of th	MEDICAL	(If either, natify medical examin				
2710	To Huse I by Attending Physician: The low requires that the deam certificate be executed within 24 hours after deam Page 4 may be retained by the hospital or attending physician.  OFUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removol, and agains event, within 72 hours a set death	ME	While Nat while	OFFICE BUILDING, ETC	ORY.) 21f. LOCATION Street or R.F.D No.	City ar Town	Caunty State
2	ter ter tate tate		22o. I certify that (1): (thi	is hospital) ottended the decease	of from (Apr , 19 ) 9_69_, and that in (mx) (our) api	09, to 2 May , 19	69 , that (X) (we) last
5	Af Ed		saw the deceased a	live an 2 MAY	9_69, and that in (my) (our) api	nian death occurred on the da	te ond hour ond from the
	Pho Chi		22b, SIGNATURE	, ()} (we) (did) (did nat) view the l	oody after death.	22.	DATE SIGNED
	OK A be ref DIREC e 3 s ed wi		ZZD, SIGNATURE	7-40.6.	MAD DEGREE PHYS.	FD — STAFF — I	
			22d. PHYSICIAN'S	Tray king	DEGREE PHYS. DI	KECTOR CO PHYS COL 4	MAY 1969
	RAI Pe		MASAF (Tupp)	A.L. GRAYBIEL, MC.		ospital, Bethesda	. Maryland
	O HOSPITAL Page 4 moy O FUNERAL I director, pag should be fil	220			CEMETERY OR CREMATORY		
:	e de Cala	230	BUR AL, (REMATION, REMOVAL (Specify) 5-	1-69 St. An	ne's Parish Cemeter		inne (Stote) (Stote) runde   Maryland
	2 2	24	FUNERAL DIRECTOR	ADDRESS		REGISTRA 969 250 REGISTRARS	
	30M REV. 1/58			147-149 Glouceste		0 1303. 1	1
	4.7	10	Otto 120 ray Tor	T.   T. / 0100000	A THE PARTY		



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	1		Am + 0 +	DIVISION OF VITAL RECOR	DS, 301 W. PRE	STON STREET, BALTIMO	RE, MARYLAND 21201	
			07131		CERTIFICA	TE OF DEATH		07127
	~ -			rst Middle		Lost 2d	DATE OF DEATH	2b. HOUR
	Port Sind		Type or print)	seph Franc	is	Lavin	may Month Day	1969 10 DM
	を	3. S		4 RACE	5		969 6 AGE (In years last birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	by Pa	70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED E	10	DUNTY OF DEATH	
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	requires that the death certificate be executed within 24 hours, g physician.  I signed by the attending physican and completely filled in by the burial-transit permit. Then please remove corban papers. Page o burial, cremation, or removal, and in any event, within 72 hours of burial, cremation, or removal, and in any event, within 72 hours or burial, cremation, or removal.	7 4.0	CITY OR TOWN OF DEATH Silver Spi	11 NAME OF HOSPITAL Of give street oddress)	RINSTITUTION (If not a	n hospital 120 USUAL OC during most a	CUPATION (Kind of work done f working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
	nplete e corb vent,	13o.	USUAL RESIDENCE (Where dec		0 4	OWN 13d INSIDE CTV JIMITS7 VES NO	136. STREET AND NUMBER	+ Road
	Xect.	18	FATHER'S NAME First	Middle is		MOTHER S MAIDEN WAME First	Middle	lost
	and co	14.	FATRICK S RAME FIISI	- P	13 8	Margase +	n A	ine Typerell
	and and a		WAS DECEASED EVER IN U.S.		RITY NO 17. INF	ORMANT	Address	ne Michell
	1		fes, no, or unknown) (If yes g	rve war at dates of service)		Mother		
	ing physical removol,		18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), one	q (c) )			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	leath iendi mit.		PART I. DEATH WAS CAI	EDIATE CAUSE (o)				
	thot the deal an. by the attenctronsit permit remation, or		Conditions, if ony, which go	DUE TO, OR AS A CONSEQUENCE	OF .			
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-	low re inding been s the for to	8						
. 1	IAN: The low re tall or attending ficote has been for use os the Health prior to	CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	sr at re he	E	21o. ACCIDENT WAS UNDER	LYING 216 TIME OF INJURY	T21, HOW	YES NO [	ure of injury in Port 1 or Port 2, 1	tern 181
	for far	MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Doy	Yeor	THE THE TECHNICAL PRINCIPLE (10)	or triory art off 1 of 1000 E,	10.7
	3 PHYSICIAN: The low requires the hospital or attending physician, this certificate has been signed by detached for use as the burial-transcribed of Health prior to burial, cre	MED	(If either, notify medical ex- 21d INJURY OCCURRED While Not while at work at work	21e. PLACE OF INJURY ( AT HOME FARM, STRE OFFICE BURDING, ETC	ET, FACTORY.) 21f. LOCA	TION Street or R.F.D No	City of Town	County State
	by the free free free free free free free fr		220. I certify that (I)	(this hospital) attended the dec	eosed from	11 , 19 65	, 10 hanger , 19	(1) (we) last
	ENDING ned by the R. After uld be d the State		saw the deceased	(this hospital) attended the dec d alive on the conversion of the dec ove, (I) (we) (did) (did not) view	19 <u>G1</u> , and t	hot in (my) (our) opinior	n deoth occurred on the da	te and haur and from the
4	ATTA in in it is it is in it is in it is i		22b Signature	ove, (i) (we) (ala) (ala noi) view	ine body direi de		22c	DATE SIGNED
	OR ATTENI be retained DIRECTOR: A je 3 should sed with the		/ in	-2. A. L. Dens	7 DEGREE	Titto.	TOR PHYS D	111 /leg 10pm
	O HOSPITAL OR ATTENDING Poge 4 moy be retained by t O FUNERAL DIRECTOR: After director, poge 3 should be c should be filed with the State	1	22d. PHYSICIAN'S NAME (Type) M C	ikuin Tabb		22e ADDRESS 2401 Blue	ridge Ave W	reaton M.
	HOS ge 4 FUN rectr	230	BUR AL, CREMATION, 2		F OF CEMETERY OR C		d LOCATION (City or Town)	(County) (State)
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	L	DUMINE !	5/19/69	mt. ONI		WASH., I	D, C.
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1	ł	07132	DIVISION OF VITAL		. PRESTON STREET, BALTII	MORE, MARYLAND 21201		
				CERTI	FICATE OF DEATH		07128	7
		ECEASED-NAME Firs	1 01	Middle	Lost	2a. DATE OF DEATH	2b. HC	OUR
	,	ype or print) Herb	ert Oli	ver	Lee, 2ri	Month Doy	6°9 82	3 M
	3 5	× 1	4 RACE		S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR F JINDER 24	HRS
Jag.		Mue	White		7-11-10	lasi birthday)	MONING DAYS HOURS	PPS PG.
-		BIRTHPLACE (State or fareign	76 CITIZEN OF WHAT COU	TIME	TED TO HEAT OF THE PARKET IN THE	COUNTY OF DEATH		
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p= r	1	akoma Par	give street ad	HOSPITAL OR INSTITUTION diess)	Z/ during mas	OCCUPATION (Kind of work done st of working life, even if retired )	12b KIND OF BUSINESS OF	IR
/	130	USUAL RESIDENCE (Where deced	sed lived, if institution: Res	ington war	OR TOWN 13d INSIDE CTY LIM	Tcher  13e STREET AND NUMBER		—
	adm	issian) STATE md.	13b COUNTY	5:/	ver Spring YES NO		Ave	
	14	FATHER'S NAME FIRST	M, ddle	Last	15. MOTHER S MA DEN NAME FIR	st , Middle	O / rast	
		Benjamin		Lee		genia	Chinn	
		WAS DECEASED/EVER IN U.S. AR es, no. or unknown)   If yes give NO	MED FORCES? 16b SO wor or dates all service)	_	17 INFORMANT	Address		
			<u> </u>	7-10-7870	Mospital ,	Necords	APPROXIMATE INTERVAL	
	ı	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (o	i), (b), and (c).)	5.0		BETWEEN ONSET AND OFAT	
			IATE CAUSE (a)	peardial	raduct		24 leta	
		Conditions, if any, which gave	DUE TO, OR AS A CO	SEQUENCE OF	Vacle in		3 days	
		nse to immediate cause (a), stating the underlying cause	(b)	AEQUENCE OF	parouna.			
		last	(c) Exte	psive Cor	many Selevosi		Learo	
		PART 2 OTHER SIGNIFICANT CO	ND TONS CONTRIBUTING TO	DEATH BUT NOT RELATE		INDITION GIVEN IN PART I(a)		
	No	(1) gangoene.	left leg C	) generally	ed Saver Obstru	tive Atheroselevai	(3) Cerebral Sel	home
4	F CATION	Tog DATE OF OPURATION 196	CONDITION FOR WEICH OPEN	01. /	20a. AUTOPSY?	2Db +F YES, WERE HINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING	
/	GERT	7/23/07 M	MG 216, TIME OF INJURY		Removalies NO	12	,	
	1	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month	n Doy Year	C HUW TOURS OF URRED (Enter :	nature of injury in Part 1 ar Part 2,	item 18.)	
	MEDICA	(If either, natify medical examination 21d INJURY OCCURRED 21d	PLACE OF INJURY (AT HOME OFFICE B	FARM STREET, FACTORY,) 27	F. LOCATION Street or R.F.D. No.	City or Town	Caunty Stat	10
		While Nat while			,			
		220   certify that (I) (I	ns haspital) attended	the deceased fram	4/22,196	9, 10 5/2 , 19	69 , that (i) (we)	last
	L	saw the deceased	alive on	19 <b>69</b> ,	ond that in (my) (our) open	9, ta 9, 19 ion death occurred on the da	te and hour and from	i the
		22b 5 GNATURE	e, (i) (we) (uiu) (uit iii	a) view the budy di	er deum.		DATE SIGNED	_
	ı	wow	m F 'Xo	Ckin !	DEGREE PHYS ME	D STAFF STAFF	5/5/69	
		22d PHYS CIAN S	. 19	/ .	22e ADDRESS			
		NAME (Type)	RUIN L.	COLKIN	1015 3	bring Stareet,	5. S. m.	4_
	23a	DELLIDIVAL IF A L		3c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(County) (Stote)	
^	24		5/10/69	Cedar Hi	ainier 250 RECD BY	Suitland, Md. REGISTRAR 25b. REGISTRARS	SIGNATURE	
1	144.	Home In		Marylan		1 2 1969	they Verdage	* ^
43		17 ~ 117 ~ 17.		شقاما بالبراق القرامية والم	MANUEL THE REAL	T //	17 17	



	1	MARITAND STATE DEPARTMENT OF HEALTH
162.	07133	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1 3 11	11(199	CERTIFICATE OF DEATH 07129
- 2-	I. DECEASED NAME	Frst / Middle / Lost / 2a. DATE OF DEATH 25. HOUR
er death Fegeral Jand 2	(Type or pnnt)	Month, Day Years Dist
5 5 5	3 SEX	4. RACE S DATE OF BURTH A AGENT WARRY OF THE UNDER 24 HBC
	3 3KA	4. RACE S DATE OF BIRTH 6 AGE IN years IF UNDER 1 YEAR IE UNDER 24 HRS loss butthody Mounts Days Hours Min
S AGE	Mure	1/23/92 1/23/92
by by	7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 hours d in by pers. P	country	WIDOWED DIVORCED Montananoral
n 2 Hec	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120. USJA, OCCUPAT ON (Kurd of work done 126 KND OF BUSINESS OR
ate be executed within 24 hours after death range and campletely filled in by the fisqueral lease remave carbon papers. Pages 1 and 3 and in any event, within 72 hadrs death death	730 Hara	give street address!   during massive working its event of ted   Whostey
w arbo	130 HSHAL DESIDENCE (Where A	greased I ved, if institution Residence lass CAN OR TOWN 1 13d INSIDE CITY LIMITS? YES STREET AND NUMBER
np red	odmission) STATE	exercised lived, if institution Residence before 13c Ctyl OR TOWN 13d INSIDE CTYL MISS? TSE STREET AND NUMBER 13b COUNTY YES NO
1 2 6 8 8		- Moril cheroffice - 7010 repaire 21.
and rem	14. FATHER'S NAME First	Middle Last MOTHER'S MAIDEN NAME First Middle Lost
26 0 8 7	- Tail	Leibe de Unknown
physician physician en please aval, and	160. WAS DECEASED EVER IN U.S.	ARMED FORCES?  give war or dates of service)  16 SOCIAL SECURITY NO 17 INFORMANT  17 INFORMANT  18 July 20 Jul
hys fiffic	Yes, no of unitown) (1 yes	213-48-1863 E/lesc Locks/d/ 2 15-12 19/11/16
Ger The The	IR CAUSE OF DEATH (Ent	er any one cause per line far (a), (b), and (c))  APPROXIMATE NERVAL BETWEEN ONSEL AND DEATH
4 ib 7 ib	PART 1. DEATH WAS C	AUSED BY:
dec mirmin	I I I I I I I I I I I I I I I I I I I	MEDIATE CAUSE (a) CASPUNDED THE CAUSE (b)
he at	4/2/	DUE TO, OR AS A CONSEQUENCE OF
the the mat	Conditions, if any, which g rise to immediate cause	(a) (b) Claute Colonary Steambotes 2 acrys
though the part of	stating the underlying ca	DUE TO, OR AS A CONSPRIENCE OF
requires that the death certificate globysician. Signed by the attending physician burial-trans, permit. Then pleas a burial, crematian, or remayal, and	lost.	-) (1) Orteroclerotic Heast Liveace dyears
aging by a special spe	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
2 2 2 2 2	7	
ion the see	190, DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law re attending has been se as the th priar to	19a. DATE OF OPERATION  21o. ACCIDENT WAS UNDER	YES NO SC CAUSES OF DEATH?
To at a to	210. ACCIDENT WAS UNDER	
d of of the He	S OR CONTRIBUTING CAUSE O	
SIC Partition of the pa	lit either, notity medical ex	commer) P.M. 19
PHYSICIAN his certifical rached for Dept. of He	21d M.JRY OCCURRED White Not while	21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State
de tri	at wark at wark	11.0/
Te re tot	22a. I certify that (I)	(this hospital) attended the deceased from 1970, to 5729, 1969, that (1) two-last
NO NO Sed 1	saw the decease	(this hospital) attended the deceased from, 19 # 8, to
ATTENDING stained by it offices after a should be dith the Stote	causes stated at	(ave, (1) twe) (and) (did not) view the body after death.
OR ATTENDING PHYSICIAL be retained by the haspital SIRECTOR: After this certifical and a 3 should be detached faile ed with the Stote Dept. of He	226 SIGNATURE	ATTENDING ATTEND
OR be r DIRE	Jun	L Losgersty Missesker PHYS DIRECTOR PHYS. 1 3/29/67
Pac Pac	22d PHYSIC ANS	all the the 70 22e. ADDRESS Chery Chase Md.
SPITAL 4 may VERAL ior, pai	NAME (Type) 1-87	AWK/Y. SHGEERS JR 5707 WISCONSIN AUE
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific. Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciantry, page 3 should be detached for use as the burial-trans: permit. Then post should be filed with the State Dept. of Health priar ta burial, crematian, or remaval,	230 BUR AL, CREMATION,	23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
O g o ja d	REMOVAL (Specify) Burial	6-2-69 Parklawn Cemetery Rockville, Maryland
1/2	24 FUNERAL DIRECTOR	ADDRESS 250, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
VR A13 V 45M 1V 491	ROBERT A.	PUMPHREY, Bethesda, Md. DAILJUN 5 1969 Climber June
1/4/1		DAIDUIT



230 BURIAL CREMATION の音器

ON A FARM? YES NO S

19

IF JNDER

ONSET AND DEATH

3 MPNTHS

PERFORMED?

(Stete)

22b. DATE

ŞIGNED

25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4)

	MARYLAND STATE DEPARTMENT OF HEALTH
	07135 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
It	ceml3 FilmO412 5/9/69 kk CERTIFICATE OF DEATH 07131
	DECEASED NAME First Middle CONTA PED Lost 2a. DATE OF DEATH 2b. HOUR
(	(Type or print) DAUID K- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS.
	MALE CALICASIAN APR 10 1895 lost birthslay) YRS. MOURIS M.N.
70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	TILLINOIS U.5 A WIDOWED DIVORCED MONTGOMERU MA
10	CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OF CIPATION (K nd of york done 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (If not in baselted 1) 20. USUAL OR INSTITUTION (IF not in baselted 1) 20. USUAL OR INSTITUTION (IF not in baselted 1) 20. USUAL OR INSTITUTION (IF not in baselted 1) 20. USUAL OR INSTITUTION (IF not in baselted 1) 20. USUAL OR INSTITUTION (IF not in baselted 1) 20. USUAL OR INSTITUTION (IF not in baselted 1) 20. USUAL OR INSTITUTION (IF not in baselted 1) 20. USUAL OR
	Silver Spring give street oddiess! CROSS during most of working life, even it refused in Moustry Govt.
	USUAL RESIDENCE (Whyre deceased wed, if institution Residence before 13c CITY OR TOWN 13a Misroe CITY LIMITS? 13e STREET AND NUMBER
adm	nissian) Plate NO 13b. COMPONTADMECY WHERTON YES NO 901 Arcola Avenue
14	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
	William H. Leonhard Marie Klein
16a	
,	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 NFORMANT ROSE Leonhard, Wife Address 20027 Yes, no, or unknown) 1917-19 1921-23 6402 B Street, S. E., Maryland Park, Md.
<b> </b>	
	B CAUSE OF DEATH (Enter any ane cause per line far (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  APPROXIMATE MITRYAL  BETWEEN CHIST AND CRATH
	IMMEDIATE CAUSE (0)
	4/23 DUE TO, OR AS A CONSEQUENCE OF
	Canditians, if any, which gave trise to immediate cause (a), (b)
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	(c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
25	
Ę	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
Iĕ	YES NO CAUSES OF DEATH?
₹	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year  (If either, natify medical examiner) P.M 19
景	
	While Not while at wark at wark
	saw the deceased alive an 4150 / and that in (my) (our) opinion death occurred on the date and hour and from the
	couses stated abave, (1) (we) (did) (did not) view the body ofter death.
	22b. SIGNATURE 7 STAGE 22c DATY SIGNED
	MED DIRECTOR DEGREE PHYS. DIRECTOR DIRE
	22d PHYSICIAN'S 22e. ADDRESS 24
1	NAME (Type) My RUN L. LENKIN 2309 SHOKE HELD Rd. SILVER SORING MY
<u></u>	
230	D. BURIAL, CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Burland 5/5/69 Baltimore National Cemetery Baltimore, Md.
	Bartia 5/5/69 Baltimore National Cemetery Baltimore, Md.
	1 C ( ( 3. 5 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 7 6 7

all the same



1	Thems 18-22a Film 413 MARTIAND STATE DEPARTMENT OF HEALTH 6-9-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07132
FOR STATE	07136 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 12h HOLLE.
3 is of of of	(Type or Print) Tracy Scott Lewis OF ESTI- 169 11:36
delay 3	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR
25.5	10-1-08 YRS 7 12 10-19-69 [1139M
- E - B	70 BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH   1 COUNTRY OF DEATH   1 COUN
ges I, farm farm	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
after death B. Give Pages dong with far with the State	Takoma Park, Md. give street addression, San & Hosp during most of working life, even if retired.) INDUSTRY
	13a. LSUAL RES DENCE (Where deceased yied, I institution, Residence before 13c. CITY OR TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY
V 7 2 2 2	Md. W Montgomery Park   D   7110 Poplar Ave. T.P. M.d.
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost  Jerry Lewis Charlotte Ellen
r's r's	To was deceased ever in u.s. armed forces? Tob. social security no 17 informant address
This certificate should be executed within 2 cote, writing the word "pending" in pencil is be forwarded to the Chief Medical Examiner. I be used as a buriol-transit permit. File pages or removal, and in any event within 72 hours	(Yes, na, or unknown) (If yes give wer or dates of service)
d with per in per in per in 72 in 72	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) )
ecuted in ingolin sedical Executed Exec	PART   DEATH WAS CAUSED BY Asphyxiation due to airway obstruction
be exe "pendi nief Me ansit pe	DUE TO, OR AS A CONSEQUENCE OF
l be d "p Chied rans	(anditions, if any, which gave) nse to immediate cause (a), (b) with food (graham cracker)
should be executed ne word "pending" in the Chief Medical buriol-transit permit.	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
te she the volume to the volume to the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
This certificate icote, writing the be forwarded to do be used as a bor or removal, and	
certil v. writ orwar used mova	19a DATE OF OPERATION 19b COND T ON FOR WHICH OPERATION 20 AUTOPSY?  WAS PERFORMED?
4 5 9 4	YES NO
<u>=</u> 2 °	PRIMARY TO OR CONTRIBUTING   L. HOURAM Cal Deceased infant aspirated rarticles
N a de de Se pe	21d NJURY OCCURRED 2)e PLACE OF INJURY (At hame, farm, street, 21f, LOCATION Street or R.F.D. ha City or Town County State
XAM tre th ge 4 your your crem	WHILE NOT WHILE ON THE AT WORK ON
ICAL EXAMINER: execute the certifor. Page 4 should of for your files. CTOR: Page 3 should buriol, cremation.	22a. I certify that took charge of the remains described above, hell an Autopsy 7, Inspection 7, Inquiry 7, and in my apinion
SICAL I	death resulted from: Natural causes . Accident . Suicide ., Homicide ., Undetermined manner .
pleose e I director retained or to bu	ACTUAL CHIEF MEDICAL EXAMINER
Ssary, ple funeral d by be ret NERAL D th prior	SIGNATURE ASSISTANT MEDICAL EXAMINER CONTROL OF ASSISTANT MEDICAL EXAM
	EXAMINER'S BELDEN DEN DEPORT TROCALEXAM NER DE NAME (Type) BELDEN DEN DEPORT TROCALEXAM NER DE NAME (Type) BELDEN DEN DEN DE NAME (Type) BELDEN DE NAME (T
nece the 5 m TO FU	230 BURIAL (REMATION, 236 DATE 230 MAME OF CEMETERY OR CREMATORY 23d LOCAT DN (City or Town) (County) (State)
	13 west may 13,170/ 12019 and amount very week week
VR A15ME (5)	AZA. FUNERAL DIREGOR  ADDRESS
10M REV 1/68	II mare someth 221 more of market and the second of the se



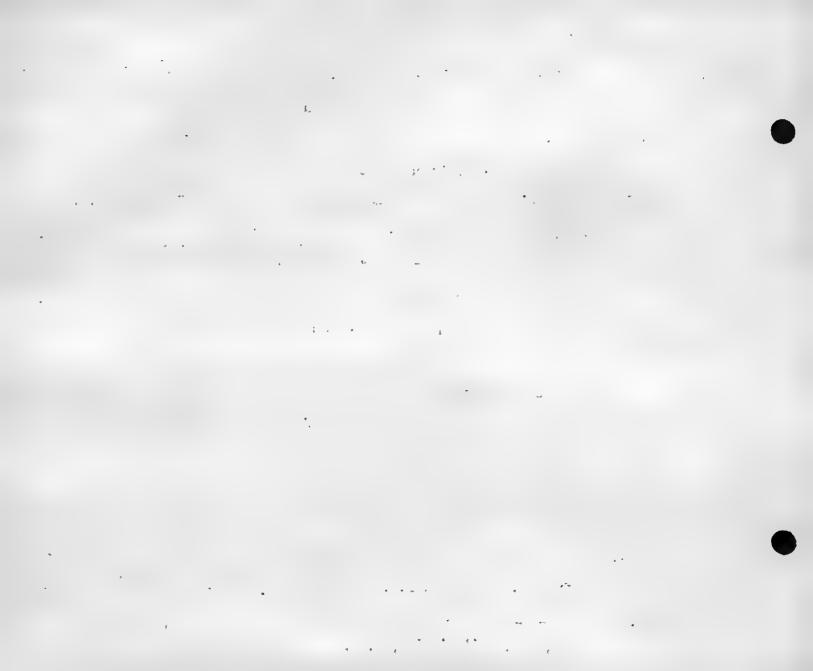
2 k	MAKYL	AND STATE DEPARTMENT OF F	1EALTH	
16 07137	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
01100		CERTIFICATE OF DEATH	0.5	7133
1 DECEASED-NAME	irst Middle	Last	2o. DATE OF DEATH	2b. HOUR.
(Type or print)	RCH G.	2192	5 Manth 6 Day 6	9 9 ear 10384 N
3. SEX MULE	4. RACE	S. DATE OF BIRTH	lost buttpday) MO	UNDER LYEAR OF UNDER 24 HRS.  HITHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	18	9. COUNTY OF DEATH	
country) VA	U.S. A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	MontGomER	PY Md
10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OF		AL OCCUPATION (Kind of work done ost of working life, even if refired.)  Painter	12b KIND OF BUSINESS OR INDUSTRY
130. JSJAL RESIDENCE (Where de	cosed ved, if institution. Residence before	THE TO CATTY OR TOWN 13d INSTOC CITY .		Painting
odmission) STATE	136 COUNTY COUTEOMER	Y SIVERSPINGYES NO	0 107E MEIDOU	INE AKE.
14. FATHER'S NAME First	Middle Las	290		Lost
16a. WAS DECEASED EVER IN U.S.			UKNOWN Address 5	
Yes, no arunknown) (11/6s)	pre war or dotes pi servye) 15 - 2/12/22 577-16-	*	107E. MELBOURNE	
	only one couse per line for (a), (b), and			APPROXIMATE INTERVAL
PART DEATH WAS CA		le Pulmonary	Embolism	BETWEEN ONSET AND DEATH
1601	DUE TO, OR AS A CONSEQUENCE	OF /		
Conditions, if any which go rise to immediate cause (		inoma of	ung, Left	3945
stating the underlying cau		OF	( '	/
DART 2 OTHER SIGNESCANT	CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE OR (	CONDITION CIVEN IN DADT 1(-)	
	CONDITIONS CONTRIBUTING TO DEATH BU	I NOT KELATED TO THE TERMINAL DISEASE ON	CONDITION GIVEN IN PART 1(0)	
190. DATE OF OPERATION  21a. ACCIDENT WAS UNDER	9b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
		YES 🗾 NO 🗆	CAUSES OF DEATH?	
		21c HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2, Item	n 18.)
(If either, notify medical ex	ominer) P.M.	19		
While Not while	21a. PLACE OF INJURY ( AT HOME, FARM, STREET OFFICE BUILDING, ETC.	, FACTORY,) 21f LOCATION Street or R.F.D. No	City or Tawn	County State
at work at work	(this hospital) ottended the dece	ased from Africa 196	27, to 5/6 , 196	, that (I) (we) las
saw the decease	alive on 3/6	_195 2, and that in (my) (our) op	nion death accurred on the date	and hour and from th
causes stated ob	ave, (I) <del>(wa) (did not) view t</del>	he bady after death.	1 22 DAT	TE SIGNED.
0- Les	mand Go	DEGREE PHYS D	AED STAFF STAFF	-16/69
22d PHYS CIAN'S NAME (Type)	Leonard Gold	22e ADDRESS		C · MI
			rgia Ave., Silver	
-DELLOWAL 40 ( )		of cemetery or crematory  Rill Cemeteru	23d LOCATION (City or Town) Suitland.	(County) (Stote) Maryland
	en Carbituer Spall	Maryland 250. RECD B	Y REGISTRAR CQ 25b. REGISTRAR S.SIQ	
Warner E. Pune		eorgia Avenue DMAY	8 1307 Milania	State of the state



1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
Approximation .		87138	DIAISION OF ALIVE RECORDS	CERTIFICATE OF DEATH		07134	
4 -24			Catherine , Middle B.	las Magee	20 DATE OF DEATH	2b HOUR	
er deat funeral 1 and er deat	(	(ype ar print)	INE B	MAGEE	Month Do	y Year y Jam	
urs after death.  by the funeral Pages I and 2  This after death	3 \$		4. RACE	S DATE OF BIRTH	6. ACE (In years just b rinday)	IF UNDER I YEAR OF JADER 24 HRS MONTHS DAYS NOURS MIN	
haura P P P P P P P P P P P P P P P P P P P	7a.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	<u> </u>	
de sie sie sie sie sie sie sie sie sie si	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital  20 USUAL OCCUPATION (Kind of work done give street address)  21 USUAL RESIDENCE (Where deceased lived, finstitut an Res dence before 13c CITY OR TOWN  22 USUAL OCCUPATION (Kind of work done during most of working life, even white red)  12 INDUSTRY  13 USUAL RESIDENCE (Where deceased lived, finstitut an Res dence before 13c CITY OR TOWN)  13 USUAL RESIDENCE (Where deceased lived, finstitut an Res dence before 13c CITY OR TOWN)  14 USUAL RESIDENCE (Where deceased lived, finstitut an Res dence before 13c CITY OR TOWN)  15 USUAL RESIDENCE (Where deceased lived, finstitut an Res dence before 13c CITY OR TOWN)						
within to within within							
amplet owntr							
ond of removing on the contract of the contrac	14.	FATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME	irst Middle	Last	
ate between king on complete remove and in any ev		7.	B. BYNL		1778	CHAPFIELD	
errificate be physician of physician of please on please and in and it		was deceased ever in u s are es, na, ar unknown) (If yes give	MED FORCES? war or dates of service)  #26-67-9		BRUTHER, DALL	AS, TEXAS	
at the death cer the attending p nsit permit. The matian, ar rema		1B CAUSE OF DEATH (Enter an	nly are cause per time for (a), (b) and (c	lh .		APPROX MATE NTERVAL BETWEEN ONSET AND DEATH	
end mit. arr	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bronclus Cumoria					3 duig	
ne d		5471	DUE TO, OR AS A CONSEQUENCE OF	W/ 4. 0/	7. L. L.	1	
at the the risit mate		Canditions, if any, which gave rise to immediate cause (a),	(b) <u>VZZ V</u>	al Conscal C	grophy	6 months	
equires that physician. signed by 1 burial-trans		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		0 0		
r requi ng phy en sign en sign ta bur	PART 2 OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH B., T NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
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ING by Il rer rate		22a. I certify that (I) (th	ns hospital) attended the deceas	sed from July , 19.	13 to 0/ We 3 19	that (I) (we) last	
END ed l ed l he S	22a. I certify that (I) (this hospital) attended the deceased from 1923, to 0, 1923, to 0, 1943, and that in (phy) (our) apinian death accurred an the date un causes stated above, (I) (we) (did) (did net) new the badylafter death					ite and have and from the	
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be re DIREC		11/10	hild Han		NED STAFF DEFINE	5/3/69	
SPITA! 4 may IERAL ar, pa		22d PHYSICIANS NAME (Type) Mich	nel M. Healy, MD	22e. ADDRESS 5411 Ceda	r Lane, Bethesda,	Maryland	
HO Ige FUN haul	23a	BURIAL, CREMATION, 23b		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)	
01 0 D		Cremation 5-	·5-1969   Cedar	Hill Crematory	Suitland, Frince	Georges Co.MD	
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MARYLAND STATE DEPARTMENT OF HEALTH



	1	1		ND STATE DEPARTMENT OF I		
	1	07140	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	07136
= 15	12		ırst Middle	Last	2a DATE OF DEATH	2h HOUR
dea	/	(Type or print) DAN	IEL B.	MAHER	Manth 20	3 1869 WE AM
in the second	3	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
s of	D. 10	Male	Caucasian	Jan. 20, 1	906 la65/thday) YRS.	MONTHS DAYS HOURS MIN
hours thousand	hin 72 hours	7a. BIRTHPLACE (State or foreign country) N.J.	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery	
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within 24 I	Bethesda	give street address) 5405 Lambet	th Road Att	ast at wark ng life, even if retired)	INDUSTRY	
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e exe	E P	14 FATHER'S NAME First	Middle Last	S MOTHER'S MAIDEN NAME I	ırst Mıddle	Last
be be		Edward	F. Mahe	r Mar	tha E.	Cunningham
Fequires that the death certificate be executed within 24 hours after death a physician.  Signed by the attending physician and campietely filled in by the capital burish nematical places.	2 0/ 5	.6a. WAS DECEASED EVER IN U.S.	ARMED FORCES?  (Ive wor or dates of service)	NG 17 INFORMANT Helen W Maher	, Same as #13	
ed Cert		18 CAUSE OF DEATH (Enter	any one cause per line for (a), (b), and (a			APPROXIMATE INTERVA.
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ires ysrc ned intel	i A		(t)	arlenoac	Knosia	13 grot
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YSI nosp cerl ched	pt. of He John	a ziu miori occorred z	THE PLACE OF INJURY (AT HOME FARM STREET, E		. City or Town	County State
ATTENDING PHYSICIAN: etained by the hospital ar CTOR: After this certificate shauld be detached far u	0	at work	CORPUS BUILDING, EIC	1	·	
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ATT ATT	vith the	22b SIGNATURE	D AL A A	body offer death.	224	DATE SIGNED /
OR ATTENE be retained DIRECTOR: A	. p / m	Tho	. Fr. Kekker )	DEGREE PHYS DE A	AED. STAFF	5/23/19
AL D	d be filled	22d PHYS CIAN S		22e ADDRESS	4 / 5	3/29-
SPIT 4 m 4 m	d b	NAME (Type) Tho	mas F. Keliher	3 800	RESERVOILA	d. W. 96h. P.C.
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n) STATE MARYLAND	13b. COUNTY MONTGOMERY	GAITHERSBURG YES NO	RFD #2, Box 2	02
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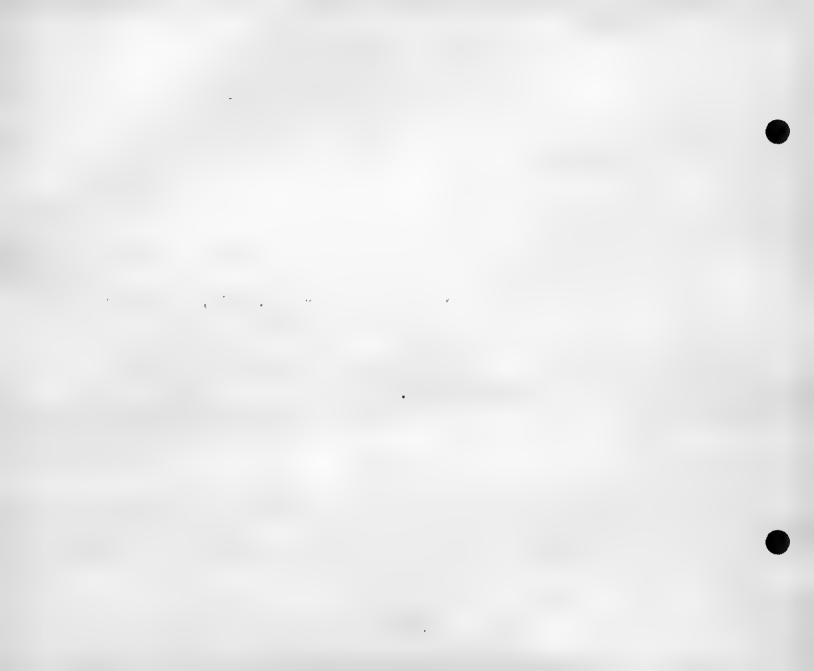
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hin 24 ncil In niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FO	RCES?	16b. SOCIAL SECURITY N			ADDRESS	reduc	MD
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auld be executed word "pending" he Chief Medical ial-transit permit.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE 4/2 3 Conditions, if ony, which gove rise to immediate cause (a) stoting the underlying cause last.	CAUSE (a) DUE TO, OP	AS A CONSEQUENCE OF	seler	gestiv	Heart a	re GETWEN	ONSET AND DEATH
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N 0, 4 9 8 N	CERTIFICATION	19a. DATE OF OPERATION		19b. CONDITION FOR W WAS PERFORMED			-		TOPSY?
ifrod if be lid b	MEDICAL CER	21g EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF I HOUR A.M		r 21c HOW INJ	URY OCCURRED (Enter	nature of injury in Part 1 or	Part 2, Hern 18)	7
A S T S E	MEC	21d INJURY OCCURRED 21e. PL	ACE OF INJURY (A ry, affice building	At home, form, street, g, etc.)	21f. LOCATION	Street or R.F.D. No	City or Town	County	Store
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far yage 7 FUNERAL DIRECTOR: Page Health Orier to burial, crem		PEMOVAL (Specify)	Natural caus  Lev  ATE  22-69	es Acrident	Suicide  M. M. D. M. CEMERRY OR CREMAN  GOOD Cemet	Homicide  CHIEF MEDICAL EXA  ASSISTANT MED CA  DEPUTY MED CAP  ADDRESS OF PAY  ORY	Undetermined in the common of	2b DATE SIGNED  Auy 21  (County)	1969 (State)
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r deoth. uneral f and 2		ECEASED-NAME First Type or print) Grau	_	tost Marks	20. DATE OF DEATH	Yeor 20 HOUR
executed within 24 hours after deoth decompletely filled in by the funeral amove corban popers. Pages I and any event, within 72 hours effer death	3. SI	Male	4 RACE White	S. DATE OF BIRTH  June 16, 1882	6. AGE (In years last buthday)	IF UNDER 1 YEAR F JINDER 24 HRS MONTHS DAYS HOURS MIN
4 hour lin by Person Property	70 (9) (5)	BIRTHPLACE (Stote or foreign atto. Maryland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED NIVORCED DIVORCED	9 COUNTY OF DEATH Montgomery	Md
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OR DE LA		226 SIGNATURE 22d. PHYSICIAN'S	Imando		ED STAFF RECTOR PHYS	DATE SIGNED  5/18/59
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TO HOSE Poge direct should	94	Suctat. Ma	y 21. 1969   Fort.	Lincoln Cemetery	Bladensburg, P	r. Geo. Marylan
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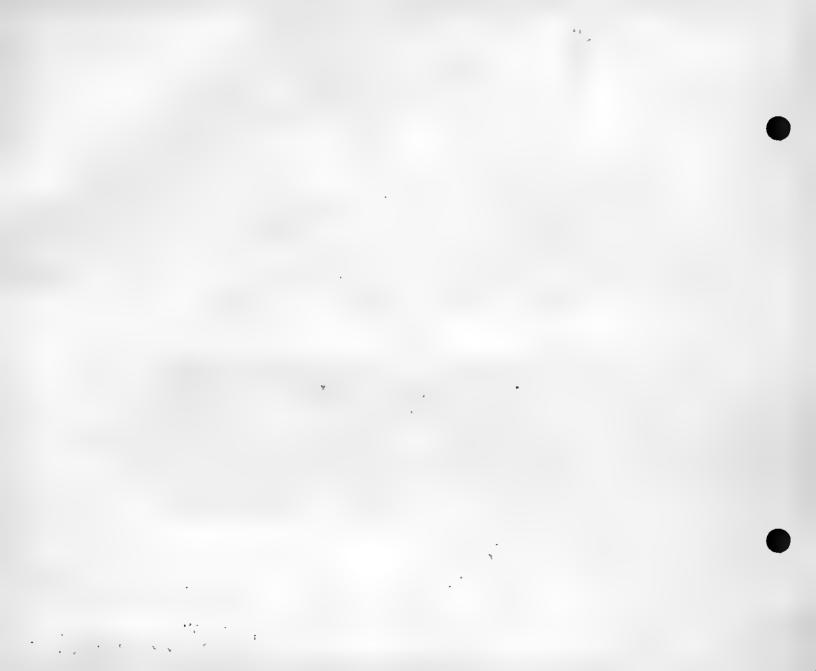
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, should be filed with the State Dept. of Health prior to burial, see		₹	21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	)
DING PHYSIC by the haspii (fer this certi be detached State Dept. af		*	21d. INJURY OCCURRED While Not while 1 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town Countries with the control of the suitibing fit.	,
DING by ff ffer ffer State			22a. I certify that (1) (this hospital) attended the deceased from open 29, 19 64, to 19 67	, that (1) (see) last
A ATTEND R ATTEND referined   ECTOR: Ai 3 should   with the S			22a. I certify that (I) (this hospital) attended the deceased from 27 29, 19 67, to 19 67 saw the deceased alive an 19 67, and that in (my) (ear) apinion death accurred on the date and causes stated above, (I) (we) (did) (did not) view the bady after death.	hour and from the
OR AT MEET OF STAN STAN STAN STAN STAN STAN STAN STAN	1		22b SIGNATURE SIGNATURE ATTENDING MED. STAFF 22c DATE SO DIRECTOR PHYS 5-5	
PITAL OR may be RAL DIR POGE 3	,		22d PHYSTIANS MANE (Type)  22e ADDRESS	
D HOSPI Page 4 r FUNER director,		230	BORIAL, CREMATION, 23b. DATE 23C NAME OF CEMETERY OF CREMATORY 23d LOCATION (C by or Town), (Coun	ity) (State)
10 P P P P P P P P P P P P P P P P P P P		A	MONALISOBERTY 5/10/69 POPULAR Grove Cem. Quince Ochan	I Mo.
VR AN	Voice.	24.	FORERAL D. RECTOR  ADDRESS  AD	JRE"
	1 11		The state of the s	



Division	of STATISTICAL RESEARCH AND RECORDS, 30	: PAKIMENT OF HEALTH 11 W. PRESTON STREET, BALTIMORE, N	MARYLAND 21201
07.145	CERTIFICAT	E OF DEATH	07141
PLACE OF DEATH O COUNTY Monte	gomery MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if o. STATFlaryland	institut on Residence before odmission) b COUNTMONTGOMERY
b. CITY OR TOWN (If outside co write RURAL and give neare Rockville a NAME OF HOSPIAL OR IMSTI	orporate limits, c LENGTH OF STAY IN 1b est town)  ITUTION (If not in hospitol, give street address)	c. CITY OR TOWN (If outside corporate limits, w  Rockville d. STREET ADDRESS	e IS RESIDENCE
601 Anderson		601 Anderson Avenue	ON A FARM?
3. NAME OF DECEASED (Type or print) S SEX 6 COLOR	Raymond LeRoy Martin	Lost 4 DATE OF DEATH 8. DATE OF BIRTH 9 AGE (In y	Month Doy Year May 18, 19 69
Male Whi		May 14, 1895 794 binh	day) Months Days Hours Min.
dur.ng.post of working life, even if Veterinaria	of work done retired) 10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign countr Washington, D.C.	Y) 12 CITIZEN OF WHAT GOUNEY? A.
13 FATHERS NAME Henry C.		01ive Makely	
15 WAS DECEASED EVER IN J.S. AR. (Yes, no. or unknown) (If yes give	and a delta of annual	NFORMANT illian May Martin - '	
PART I. DEATH WAS CAU	DUE TO  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)	gestive heart for of mouth +	ihue interval betyven obset and obset and obset and obset and obset of the large of
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(o)   19. WAS AUTOPSY PERFORMED?   YES   NO
200 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CICAUSE O (IF EITHER, NOTIFY MEDICAL EX	F DEATH AMINER)	(Enter noture of injury in Port 1 or Port II of item	
20c. TIME OF INJURY Month, Hour a.m. p.m.		ACE OF INJURY (Home, form, tory, street, office bidg, etc.)	
saw the deceased	(this haspital) attended the deceased fram_alive on5=/8=_19_6/_, and th	at death occurred at 100 p M, from co	
, 22o. SIGNATURE	MITHARE "	D. ATTENDING MED. STAF	22b. DATE SIGNED -69
22c PHYSICIAN'S NAME (Type) W	G. Hall	615 Montgomery Av	e., Rockville, Md.
	236 DATE THEREOF 236. NAME OF CEMETERY OF Parklawn Cer	CREMATORY 23d LOCATION (or Rockvill	y or Town) (County) (Stote) .e, Maryland
Tyson Wheeler	Funeral Home 1331 Rocks	TITLE AIREAN D 1 1000	25b. REGISTRAR'S SIGNATURE



2		1	DIVIS		301 W. PRESTON STREET, BAL		
1			07146		CERTIFICATE OF DEATH		07142
	death. neral ond 2 death.		CEASED NAME pe or pnnt) Susic		Martin	20. DATE OF DEATH  Month Do	2b. HOUR
	The low requires that the death certificate be executed within 24 hours after death. aftending physician.  And the been signed by the attending physician and completely filled in by the funeral se as the bur al-termsit permit. Then please remove carbon dapases Pages I and 2 th prior to buriol, are motion, or removal, and in any event, within a lighter death.	3. SE	Female 1	Negro	Dec. 10,	1896 6 AGE (In years last birthday) YRS.	IF UNDER 1 YEAR F JADER 24 HRS MONTHS DAYS HOURS MIN
	hour diameter and hour diamete	7o l		IZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED	9 COUNTY OF DEATH  Montgon	TERY Md
	within 24 filled bon gope within 24	10 (	TY OR TOWN OF DEATH  ROCKVILLE	g v <u>e street</u> oddress)	TITUTION ( Enet in hoseita) 12c JS.	UAL OCCUPATION (Kind of work done nest of working afe, even if fetred)	12b KIND OF BUSINESS OR INDUSTRY
	ed wif		IIC A DESIDENCE (Where deceased lived		13c CTY OR TOWN 13d INSIDE CITY	LIMITS? 13e STREET AND NUMBER	1 ^
	compose nove		ATHERS NAME First	Middle Jost	ROCKVILLE YES A I	Frst - Middle	IN Ave.
	be exposed in and a second sec		RICHARD	Hebron	J Sus		R
	D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for European School Be detached for use as the bur al-tensit permit. Their please remove corban should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, with the state Dept.	160.	WAS DECEASED EVER IN U.S. ARMED FOR: es, no olynknown) (If yes give war or dates	CES? 16b. SOCIAL SECURITY ! of service]	IO. I7 INFORMANT	Address	
	Temore removed		18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY.	VD 41 4 4	extend inda	twa	APPROTIMATE INTERVAL BETWEEN ONSET AND DEATH
	atteri			IE TO, OR AS A CONSEQUENCE OF	SC COLOR		
	not the		rise to immediate cause (a).	(b)			
t.	quires the physician. signed by bur al-terior burial.		lost.	(c)			
*	requing phy en sign he bur to bur	2		monic 14	OT RELATED TO THE TERMINAL DISEASE OF		
* .	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been disector, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	CERTIFICATION	190 DATE OF OPERATION 196, CONDITIO	ON FOR WHICH OPERATION WAS DE	RFORMED 7 20s. AUTOPSÝ? YES NO [	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONS DERED IN CERTIFYING
	CIAN: ital or ifficote I for u	MEDICAL CER		16 TIME OF INJURY IOUR A.M. Month Day Year P.M. I		er nature of injury in Port 1 or Port 2,	Item 18)
	SPITAL OR ATTENDING PHYSICIAN: A may be retoined by the hospital or IERAL DIRECTOR: After this certificote or, page 3 should be detached for u lid be filed with the State Dept. of Heal	MEC	21d. INJURY OCCURRED 21e PLACE C	OF INJURY ( AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC	TIORY.) 21f. LOCATION Street or R.F.D. N		County State
	by the Affer the de de de State		22a. I certify that (I) (this hosp saw the deceased alive or	pital) attended the deceos	ed from, 19.	63, to 5-21, 19	69, that (I) (we) last
	oined Oined OR: / hould th the		coures stated above, (1) (	we) (did) (did not) view the	body after death.		DATE SIGNED
	OR A be ret be ret on the decimal of		226 SIGNATURE RUCY	SNyones	DEGREE PHYS T	MED STAFF DIRECTOR PHYS 3	7-21-69
	FRAL I page pr., page did be fill		22d PHYSIC AN'S NAME (Type) D.L. BC	ICY YSNJON	ES 80 CUEIN	es Mill Rd Rox	Ruille Md.
	TO HOSPITAL OR AI Page 4 may be reto TO FUNERAL DIRECT Ejector, page 3 str Should be filed with	230	BURIA_, (REMATION, 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY Paul Cemeter	23d LOCAT ON (City or Yown) Sugar land	(County) (Stote) Monta Md
	30M REY 1788	24	FUNERAL DIRECTOR L. Sn	ovden Re	2So REC'D	2 3 1969 SCLOW	S SIGNATURE
	10		<del>\                                    </del>				77



07147	DIVISION OF VITAL RECORDS,	ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	07143
1 DECEASED NAME First		Last	2o. DATE OF DEATH	2b HOUR
(Type or print) ANN	GERTRUDE	MARTI <b>N</b> EZ	MAY Month 31 Do	
3 SEX FEMALE	4. RACE CAUCASIAN	s date of birth 27 DEC 190	6 AGE (In years lost birthday)	IF UNDER 1 YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN
70 BIRTHPLACE (State or foreign WASHINGTON, DC	76 CITIZEN OF WHAT COUNTRY? U.SA.  11 NAME OF HOSPITAL OR INST	8 MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH  MONTGOMERY  ALL OCCUPATION (Kind of work done	Md.
BETHESDA	give street oddress) NAT	AL HOSPITAL GUILING T	OUSEWEE even if retired)	12b KIND OF BUSINESS OR INDUSTRY
130. USUAL RESIDENCE (Where decease odmission) STATE MD	ed lives, if institution Residence before	LANHAN YES NO	MISS 130 STREET AND NUMBER 9603 WELLIN	IGTON ST
14 FATHER S NAME First JAMES	Middle Lost	IS MOTHER'S MAIDEN NAME F		Last
140 WAS DECEASED EVED IN U.S. ADI	one as dutas of samurat			ANHAN, MD
Yes, no or unknown) (If yes give v	579-24-56	10 VIRGIN M HUMPI	iries 9603 Wellin	GTON ST
PART I DEATH WAS CAUSE	y one couse per line for (a), (b), and (c)) D BY MYOCARDIAL ATE CAUSE (a)	INFARCTION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave itse to immediate cause (a)	DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLES	ROTIC_ CARDIOVASCUI	LAR DISEASE	
stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT COI CARCINOMA	OF THE CERVIX, STA		ONDITION GIVEN IN PART 1(o)	
PART 2 OTHER SIGNIFICANT COI CARC INOMA 190. DATE OF OPERATION 196. 210. ACCIDENT WAS UNDERLYIN	CONDITION FOR WHICH OPERATION WAS PER	ORMED 200. AUTOPSY?  YES \( \sqrt{NO} \) \( \bar{\chi} \)	20b F YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
2 to ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAL  (If either, notify medical examin	HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Port 2,	Item 18)
21d. IN.JRY OCCURRED 21e. While Not while □	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTI OFFICE BUILDING, ETC			County State
Saw the deceosed a	is hospitol) attended the deceose live on 31 MAY 19 e, (A) (yve) (dg) (GP) (GP) (view the b	from 30 MAX 19 6 69 , and that in (194) (aur) opi day after death.	on death occurred on the do	69 , that NK(we) lost the ond hour and from the
22b. S GNATURE	Holly mo	_	22c.	DATE S GNED 69
22d. PHYSICIAN'S NAME (Type) D. I.	. HORTON M.D.	22e. ADDRESS NAVAL HOS	EPITAL, BETHESDA,	MD
230 BURIAL, CREMAT ON, PEMOVAI (Specify) BURLAL		METERY OR CREMATORY ON NATIONAL	23d. LOCATION (City or Town)  ARLINGTON, VII	(County) (State)
24 FUNERA, DIRECTOR	ADDRESS	ZSo REC D B		

MAKYLAND STATE DEPARTMENT OF HEALTH





13	07149		, 301 W. PRESTON STREET, CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201	07145
	DECEASED-NAME First (Type or print) Julia	Elizabeth Middle	Me Carty	2a DATE OF DEATH Manth	
3. 5	Female	4. RACE White	S DATE OF BIRTH		IF UNDER 1 YEAR IF LINDER 24 HRS MONTHS DAYS HOURS MIN
7a. cou	BIRTHPLACE (State or foreign unity) Indiana	75 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED		Ma.
10	CITY OR TOWN OF DEATH ASIA COR	31 NAME OF HOSPITAL OR I give street address)		USUAL OCCUPATION (Kind of work done in the company of working the green if retired.)	12b. KIND OF BUSINESS OR INDUSTRY.
13a adn	z. USUAL RESIDENCE (Where deceased mission) STATE Md	lived, if institution: Res dence before 13b. COUNTY Mentgemer	3c. CITY OR TOWN 13d INSID AShigon YES	13e. STREET AND NUMBER	
14.	FATHER'S NAME First Othnoil	Middle tost Hart Larivill	15. MOTHER'S MAIDEN N.	AME First Middle Bessie	White
	g. WAS DECEASED EVER IN U.S. ARME Yes, nature unknawn) (If yes give war	D FORCES? or dates of service) 16b. SOCIAL SECURITY 577 42 6	7 NO 17. INFORMANT O70 W. S. The		Va. Drive
NO	Conditions, If any, which gave need to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COND		FL BUILDERS NOT RELATED TO THE TERMINAL DISEAS		20/2
L CERTIFICATION		ONDITION FOR WHICH OPERATION WAS F  21b. TIME OF INJURY HOUR A.M. Month Day Yea	YES   YES	20b IF YES, WERE FINDINGS CAUSES OF DEATH? (Enter nature of injury in Port 1 or Port 2,	
MEDICAL	While Not while 22a. I certify that (1) (this	r) P.M.  LACE OF INJURY (AT HOME FARM, STREET, FOR BUILDING, ETC.  haspital) attended the decea	19 ACTORY.) 21f LOCATION Street or R.F.	NOS 10 4/11 19	County State  County State  (1) (9p) lost
	saw the deceased ali couses stoted obove, 22b. SIGNATURE	ve on (thid) (dia view the	and that in (my) (6) e body ofter death.  ATTENDING PHYS		ate and hour and from the
230	22d. PHYSICIAN'S NAME (Type)  O. BURIA., CREMATION, REMOVAL (Specify)	1	F CEMETERY OR CREMATORY	23d LOCAT ON (City or Town) Hamilton	(County) (State)
	FUNERAL DIRECTOR	th 1969 Lake ADDRE		EC'D BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE

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7	1	07150	· · · · · · · · · · · · · · · · · · ·	·	, BALTIMORE, MARYLAND 2120	1
· ·		111100		CERTIFICATE OF DEA	ATH	07146
- 24	1 D	ECEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR
death.	(	Type or print) Willia	m Howard	mc Cauley	Month 5	Day Year 9 15 M
in death	3 S		14. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
oges 1	1,		11111	1 1 1	last birthday)	MONTHS DAYS HOURS MIN
The second	-	MALE	White	1/26/		rrs.
		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED THEYER MARRIED		
d m pers 72 h		D.C.	U.S.A.	WIDOWED DIVORCED [	77 77 77 77 77 77 77 77 77 77 77 77 77	
hin 24 filled pope thin 77	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 1:	20 USUAL OCCUPATION 🐧 nd of work di	
# 2 5 TA	:   S	silver Sprine	give street address) Holiv	Cross Hosp. 10	uring most of working ite, even if retire	-NATIL Geograph Soc.
kecuted within to the complete of the complete		USUAL RESIDENCE (Where decea	sed lived, if institution. Residence before		SIDE CITY LIMITS? 13e STREET AND NUMBER	
# E e & /	adı	ission) STATE Many kno	1 13b. COUNTY mont gamery	Silver Spring YES	NO 1401 Crest	ridge Dr
× × × × × × × × × × × × × × × × × × ×	14	FATHER'S NAME First	Middle Last	IS MOTHER S MAIDEN	NAME First Middle	e Lost
and and		Samuel	H. McCanle		ina Barrett	
physicion.  signed by the attending physicion and tonibitiely filled in by the fur buriol-tronsit permit. Then please remove corbon popers. Poges I buriol, cremotion, or removol, and in any event, within 72 hours after	1/4	, WAS DECEASED EVER IN U.S. AR			Address	
	100	(es, no, ar unknown) (If yes give	wor or dates of service)			tridge Dr. S.S.Ma
Phy en you		/40	uer	Cazavean	recancey-1401 Cres	APPROXIMATE INTERVAL
ne deoth cer attending <sub>F</sub> permit. The ion, or remo		18. CAUSE OF DEATH (Enter or	nly one cause per line far (a), (b), and (c)	1 1	<i>l</i>	BETWEEN ONSET AND DEATH
option in the second		PART I DEATH WAS CAUSE IMMEDI	ATE CAUSE (0) WOOD	unal Her	rodarcom	a / 3/2,
afte on, o		1950	DUE TO, OR AS A CONSEQUENCE OF			
# # # # # # # # # # # # # # # # # # #		Conditions, if any, which gave	(6)	Ü		
y fl		rise to immediate cause (a), stating the underlying cause				
equires that the physicion. signed by the control-tronsit puriol, cremation		last.	(6)			
uire gne srio		***	NOTIONS CONTRIBUTING TO DEATH BUT N	OY DELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART I(a)	
Para Para Para Para Para Para Para Para		TART 2 OTHER STOSHITEMET CO	NO TONO CONTRIBUTION TO DENTI DEL N	A. REPLIES IA (HE INVINIONE NINE	Jose of the first of the first for	
din din	S S	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS PE	REORMED 20g AUTOPSY?	TOOL IS VES WEDS SINDS	IGS CONSIDERED IN CERTIFYING
e le lo la	3	TYO. DATE OF OPERATION 176	. CONDITION FOR WHICH OPERATION WAS PE		CALKEE OF DEATHS	TO CONSIDERED IN CERTIFICATION
IDING PHYSICIAN: The law real by the hospital or attending After this certificate has been to be detached for use as the state Dept. of Health prior to	CERTIFICATION			AE2	NO CAUSES OF DEATH	
cote der lea		21a. ACCIDENT WAS UNDERLY!		21c, HOW INJURY OCCURRE	D (Enter nature of injury in Port 1 or Po	rf 2, Item 18.)
記号電子を	MEDICAL	(If either, natify medical exam	iner) P.M. 1	9		
SING PHYSICIAND by the hospital fer this certificate detached for Stote Dept. of He	×	21d. INJURY OCCURRED 21e	PLACE OF INJURY ( AT HOME, FARM STREET FA	CTORY ) 21f LOCATION Street or R	R.F.D. No. City or Town	County State
this eta		White Anot while at work	, while doubling the	1 1		
NG NG Y the refer		22a, I certify that (I) (t)	nis haspital) attended the deceas	ed_from / -/ -	7, 1962, ta 5-18	1969, that (I) (and last
d b Afraga		says the deceased	nis haspital) attended the deceas	2, and that in (my) (	🖛 apinian death accurred an th	e date and haur and from the
DR. in each		causes stated abav	e, (I) (***) (***) (did not) view the	bady after death.		
A 智慧報道	1	226. SIGNATURE	1 -1 -	1 MATTENDING	MED. STAFF	22c DATE SIGNED
OR ATTEND be retoined DIRECTOR: A je 3 should led with the 1	1	North	Janes Jac	KEEKEL CHYS	DIRECTOR PHYS.	51767
AL Doy D	1	22d PHYSICIAN S	c 1/1	22e ADDRESS		C · MI
ER PIT		NAME (Type) 9.39	. Sengstack	9241 (	olumbia Blud. Sil	ver Spring, 17d.
O HOSPITAL OR ATTENDING PHYSICIAN: The law range of may be retained by the hospital or attending of Euneral DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	236			CEMETERY OR CREMATORY	Rockville, Mo	(County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled idirector, page 3 should be detached for use as the buriof-transit permit. Then please remove corban page should be filed with the State Dept. of Health prior to buriof, cremotion, or removal, and in any event, within 72	1 24	Breita (Specify) Ma	4 21. 1969 Rocku	ille Cemetery	Rockville, Mo	ntgomery, Marylan
	24.	FUNERAL DIRECTOR	struct Silvaporess	Spring Mary 1800		RAR S SIGNATURE
VR A15 (4) 30M REV. 1/68	1/1	arner El Punch		orgia Avenue DA	VAY 2 2 1969 800	carried fooder
	00	CONTRACTOR OF A SPANIETY	000			



				N	IARYLAND STA	ie department oi	F HEALTH			
	. 1		07151	DIVISION OF VITAL	RECORDS, 301 W	PRESTON STREET, BA	ALTIMORE, MARYLAN	ID 21201		
	7		01101		CERTII	ICATE OF DEATI	Н		07147	7
- /	erall and 2 leath.		ECEASED-NAME First (ype or pnot) The Allo	le B	Middle	c lost	20. DATE OF DEATH		14019	2b. HOUR
	offer d	3. 5	Jemale	4. RACE	10	S. DATE OF BIRTH	6 A6	a fin lanta		UNDER 24 HRS IOURS MiN
	in by ers. Pers. P	70. cou	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUN	MAKK	ED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH		a	Md
	within 24 hours after death.  ely filled in by the funeral ban papers. Page 2 and 2, within 72 have after death.	10	ITY OR TOWN OF DEATH	11. NAME OF HI grige street odd DROOKE	OSPITAL OR INSTITUTION	If not in hospital 120 L	JSUAL OCCUPATION (Kind gross of working I fe, ev	of work done	KIND OF BU	SINESS OR
1	omplet we cor	13e odn	USUAL RESIDENCE (Where deceosission) STATE MCC.	sed lived, if institution Resid	dence before 13c. CITY	OR TOWN 13d INSIDE C	NO 6 6 106	NUMBER BRASIE	y Blad	/
(	and come e remove in any ev	14	FATHER'S NAME FIRST	Middle /	eerman	35. MOTHER'S MAIDEN NAN	NE First	Middle 0	Knig	Lost
	hysician and n please rem	160	. WAS DECEASED EVER IN U.S. ARI	tornor deter of record	IAL SECURITY NO.	7 INFORMANT NURSING Hom	E RECORDS	Address	1	,
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.  2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple director, page 3 shauld be detached far use as the burial-transit permit. Then please remave ca shauld be filed with the State Dept af Health priar to burial, crematian, ar removal, and in any even.	Г	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a) D BY: ATE CAUSE (a)		heart &	ailure		APPROXIMAT BETWEEN ONSE	
	of the de the attern matian, o		Conditions, if any, which gove	DUE TO, OR AS A CON	SECULENCE OF D	0				
	equires that physician. signed by t burial-trans burial, crem		rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON:	SEQUENCE OF					
3	v requi	z	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1(0)		
7	The law re attending has been se as the th priar to	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDIT ON FOR WHICH OPER	ATION WAS PERFORMED	20o AUTOPSY?  YES \ NO	20b. IF YES W CAUSES OF DE	VERE FINDINGS CON ATH?	ISIDERED IN CERT	IFYING
	PHYSICIAN: e haspital ar his certificate stached far u Dept af Heal	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA (If either, notify medical exami	TH HOUR A.M. Month iner) P.M.	Doy Yeor	. HOW INJURY OCCURRED (I		ort 1 or Part 2, Ite	m 18.)	
	PHYS he has this cer detache Dept	ME	21d. INJURY OCCURRED 21e. While Not while at work	. PLACE OF INJURY (AT HOME, OFFICE BU					County	Stote
	ENDING led by t S: After uld be o		22a. I certify that (I) (the saw the deceased of causes stated abave	his hospital) attended to	he deceased from	and that in (my) (our)	967, ta <u>'Ma</u> apinian death accurr	d an the date	4, that (I and have an	) ( <del>we)</del> last id fram the
	OR ATTENI be retained JIRECTOR: #		22b. SIGNATURE	icah mo		ATTENDING PHYS	MED. STAF	22c DA	TE SIGNED	
	PITAL ( I may b ERAL D or, page d be file		22d. PHYSICIAN'S NAME (Type) Fred	erick Mooman		29 ADDRESS	af Cente	San.	dy Spr	in mo
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar IO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept of Healt	230	Removal (Specify) 5-			Ington Unive	rsity LOCATION (City al Wash	or Town)		(Stot))
	JOM REV 18	24.	FUNERAL DIRECTOR JOS	EPH GAWLER'S SON	D. C 20018	2So REC	P BY REGISTRAR 1969	Client	GNATURE	4



2		1	MAKYLAND STATE DEPARTMENT OF HEALTH
	1		07152 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07148
	•		CERTIFICATE OF DEATH
_	- 2		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or afterding physician.	Property and 2		Type or print)  20. DATE OF DEATH  Doy, Year   2b. Hour
P		3 5	EX 4. RACE S DATE OF RIPTH A 16 ACE S OF ACCES AND THE SAME THE SA
affe	es of the f	'	S DATE OF BIRTH 6. AGE ( or years   Funder 1 Year   Funder 24 HES   lost building   DAYS   HOURS   MIN
75	· 是	1 1 1	FEMALE CENTLE 10/9/24 444 YRS.
<b>B B</b>	E 21 2	/a/	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
74	per 72	16	MISMITHERING LL, J. of, WIDOWED DIVORCED DILLTHERING PLANTER Md.
:=	and campletely filled in remove carban paper in any event, within 72	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital dyung those of the expert retired )  12b KIND OF BUSINESS OR dyung the expert retired )  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital dyung those of the expert retired )
× ×	- Pag is 1	12	De this id to Du Bels Bank Hillow 3 cotal in al front.
Po	car ent,	130	USUAL RESIDENCE (Where deceased tived if institution Residence before 13c CITY OR TOWN 13d INS DE CITY UMITS? 13e STREET AND NUMBER 13h CONNEY
Ē	e se de	UGIT	ission) STATE The 13h COUNTY TOMORY 51/1/2 5/185 NO 135-5/195 Have
ехе	remo	14,	FATHER'S WAME First Middle / Lost
90	signed by the attending payaging and a burial-transit permit. Then please remaind, ar removel, and in any	L	milton tastages! Eudokia Facilis
# # # # # # # # # # # # # # # # # # #	dus		WAS DECEASED EVER IN US ARMED FORCES? 166 SOCIAL SECURITION 17. INFORMANT Address
£{(	attending physician permit. Then please an, ar removel, and		(es, no as unknown) (II yes give war or affect of service) 577-26-6123   Jan Terrer of Millians of Service)
cert /	<u>a. ja</u> 6	F	THE CALLET DE DEATH (CALLET)
=	re-		DADT I DEATH WAS CALISED BY.
ded	mit ar		IMMEDIATE CAUSE (6) Exsanguination
Je Je	per per		DUE TO, OR AS A CONSEQUENCE OF
<del>-</del>	the usit p		(onditions, if ony, which gove) (b) Esophageal varices, ruptured
f f	P re-		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
res	al,		(c) Cirrhosis, Laennec's
in de	signed by the burial-transit burial, cremat		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
V 76	to to	Z	
<u>9</u>	be Is t	ATIC	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
at a	has h p	CERTIFICATION	YES [X] NO [ ] CAUSES OF DEATH?
÷ 5	at at		216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
CIA Ital	着電子	ਤੋ	CAUSE OF DEATH HOUR A.M. Month Day Year
12.08	t: a	ME G	
F.	this certificate has been letoched for use as the Dept. of Health prior to		21d INJURY OCCURRED While Not while of work 12 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. City or Town County State
<u> </u>	de de		of work of work   10/6 hearth
<u> </u>	Speries		22a. I certify that (I) (this haspital) attended the deceased from 4/13, 1969, ta 3/1, 1969, that (I) (we) last saw the deceased alive an 1969, and that in (my) (our) opinion death occurred on the dote and hour and from the
EN	the the		couses stoted obave, (I) (we) (did) (did not) view the body after death.
TA de	<b>6</b> 8 8		22b SIGNATURE 22c. DATE SIGNED
2 2	\$2°5		Grederick y. Donn DEGREE PHYS & MED. STAFF   5/1/1969
	를 를 /		22d PHYSICIANS 7 / 22e ADDRESS
<u>;</u> %	P P P		MAME (Type) fredents MI Algun 10400 Comm, Cur, Language, land
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defacthed for use as the shauld be filed with the State Dept. af Health prior to	230	
<b>.</b> 000	orib Sharing	200	BURAL (REMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)  REMOVAL (Specify) May 5, 1969 Cedar Hill Cemetery Suitland, Maryland
2	7		
	VR A15	1	
	45M - 1/493°	Wa	uner E. Pumphrey. Inc. 8434 Georgia Avenue DAMAY 1 1969 Company



2	07153 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07149
HEALTH DEPT.	1 DECEASED NAME DAY First Middle Lost 20 DATE KNOWN Month Day Year 2b HOUR (Type or Print) 7 5 4 5 5
ny 15 3 to 2age nt af	DEATH MATED & 5 17 1969 10 15 M
any detay is 2, and 3 to PM3. Page spartment af	3 SEX ARCE S DATE OF BIRTH  May -26, 1954  AGE (n years of Under 1 year F JNOER 24 HRS 20 DATE PRONOUNCED DEAD Months Day Year 1969 10 PM
duy 27 b	70 BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   B MARRIED   NEVER MARRIED   9 COUNTY OF DEATH
far	Country) 71.5.A WIDOWED DIVORCED MOLTYGOTTETY Md.
haurs after death any detay is the 18. Give Pages 1, 2, and 3 to office along with form PM3. Page and 2 with the State Department of itter death.	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUT ON (if not in hospital during most of working ife, even fretred)  12 USJA. OCCUPATION (Kind of work done during most of working ife, even fretred)  12 MODITAL OF BUSINESS OR NO.5TRY
fer c Give ang ' th th	13a USUAL RESIDENCE (Where deceased ved, if institution Residence before 13c CITY OR TOWN 13d inside CITY LIMITS? 13e. STREET AND NUMBER
rs of 18.	admission) STATE MENTIONER of DERWOOD YES NO # 5924 MUNICASTE MIN R.L.
Prem Prem Office Office after	14 FATHERS NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Devente
thin 24 Infiners	160. WAS DECEASED EVER N. S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS
pengeral pengeran pen	(Yes, no or unknown) (If yes give war or dates of service)
al Ex	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)
ding ding Medic perm	
pen lief A lief A	Conditions, if any, which gave )  (b) (b) (b)
uld ard e Ch	rise to immediate couse (a).  Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
sho he w to th burin	1057
DEPUTY SICAL EXAMINER: This certificate shauld be executed within 24 hours after death cressary, please execute the certificate, writing the ward "pending" in penal in them 18. Give Pages 1, e funeral director. Page 4 should be farwarded to the Chief Medical Examiners, Office along with farm may be retained for your files.  FUNERAL DIRECTOR: Page 3 shall be used as a burial-transit permit. File pages 1 and 2 with the State Description prior to burial, cremation, are remayal, and in any event within 72 halls after diath.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
writi writi rwar rwar se	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 ALTOPSY? YES NO  210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
this of the period of the peri	WAS PERFORMED?  VES NO   210 EXTERNAL CAUSE WAS 216 TIME OF N.JURY Month, Day, Year 21c. HOW IN.JURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18)
S and the	210 EXTERNAL CAUSE WAS 210 TIME OF N.URY Month, Day, Year 40 PR MARY FOOT CONTRIBUTING ASSE OF DEATH (CASE OF DEATH 211 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 211 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 212 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 213 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 214 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 215 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 216 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 217 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 218 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 219 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 210 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 210 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 211 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 212 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 213 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 214 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 215 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 216 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 217 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 218 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 219 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 219 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 219 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 219 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 210 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 210 INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 18) 210 IN
AINER he cer shoul files 3 shiii matior	2 21d INJURY OCCURRED 21e PLACE OF NURSY (At home, form, street, 21f LOCATION Street or R.F.D. No. (ity or fown County State
Sical EXAMINER: se execute the certicator. Page 4 should ned for your files across. Page 3 shiming burial, cremation,	WHITE NOT WHITE W factory, affice building, etc) 592 y munciste Mining Deserved Montgomery Md.
	22a 1 certify that I taak charge of the remains described above, held an Autapsy 💢, Inspection 💆, Inquiry 💢, and in my apinian
please director retained ar ta bi	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner
ITY DICAL EXAMINER:  ITY, please execute the certificated director. Page 4 should be retained for your files.  RAL DIRECTOR: Page 3 should prior to buried, cremotion.	SIGNATURE ( LATER - L) BILLE SIGNED
O DEPUTY DICA necessary, please exthe funeral director. S may be retained or FUNERAL DIRECTOR.	EXAMINER'S NAME (Type)  John G. Ball  DEPUTY MEDICAL EXAMINER  ADDRESS (Street, city, town, or county)
TO DEPUTY necessary, the funera 5 may be 10 FUNERA Lealth pr	230 BURIA_ (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAL DN (City or Town) (County) (Stabe) -
	PRI TEL
VR ATSME SI	Francis H. Barbor Laytonsville Md. 250 REC D BY REGISTRAR 25b REG STRAR S SIGNATURE DATMAY 2 2 1969 ACCORDED DATMAY 2 2 1969
10M REV 1/08	Francis H. Barber Laytensville Md. DAIMAY 2 2 1969 Actionles Judge

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	1	1	7 07154	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STI	REET, BALTIMOR	E, MARYLAND 21201	7150
			ECT LOSD WANTS .					
	€ /5 5 €		ECEASED NAME First Type or print)		l.ost	20.	DATE OF DEATH	2b. HOUR
	8 123			aul T. MeHamry	McHerry		May 2	2 1969 M
	be executed within 24 hours after death and completely filled in by the food in ony event, within 72 hours after death	3 5	Male	4 RACE White	S DATE OF BI	11, 1900	6. AGE (In years last birthday) 68 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MAN
	hours in by rs. Po thour	7o.	BIRTHPLACE (State or foreign miry) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAR	RIED 9 COL	JNTY OF DEATH	<u> </u>
	24 ed ope		CITY OR TOWN OF DEATH		transfer of the second	CCED	Montgomery	Md
	within Market (1)		Bethesda, Md	give street oddress) Hos	NSTITUTION (If not in hospital	during most of	UPATION (Kind of work done working life, even if retired.)  Realtor	126 KIND OF BUSINESS OR INDUSTRY Real Estate
	be executed within 24 hours and completely filled in by the remove corban papers. Pour in ony event, within 72 hours			sed lived, if institution: Residence before 138 COUNTY		13d. INSIDE CITY UM TS? YES NO X	130 STREET AND NUMBER OF	8 Wilkes S
	nd car	_	FATHER S NAME First	M.ddle Lost	15. MOTHER'S MA	AIDEN NAME First	Berkley Spri	lost
		160	. WAS DECEASED EVER IN U.S. AR	MED FORCES?   16b. SOCIAL SECURITY	NO. 117, INFORMANT	Dan	lel are Constitutions	L. V.
	/ U I WID -			war or dates of service) 217-24-8		lyn McHen	kley,SpriMgs, ry,208 Wilkes	St.
			18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMED	nly one cause per line for (o), (b), and (o	ne againster	in inthe	. Tim	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	offer offer on, o		711	DUE TO, OR AS A CONSEQUENCE O	An	a rivi	ucius	30 minu
	out the	ı	Conditions if only, which gove use to immediate couse (a),	(b)	Dc 2 pri	ar myse	ardial refarchi	no 13 yrs.
15			stoting the underlying couse lost.	(c)			U	V
0.	required by signification of the contraction of the		PART 2 OTHER SIGNIFICANT (O	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE FERMINAL	L DISEASE OR CONDITI	ON GIVEN IN PART 1(0)	
N.	AN: The law requires of or ottending physicities has been signed for use as the burial-Health prior to burial.	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDIT ON FOR WHICH OPERATION WAS P	ERFORMED 200. AUTO	PSY?	20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	MAN: 1 al or icate for us Healt		210. ACC DENT WAS UNDERLYI		21c HOW INJURY OCC		of injury in Port 1 or Port 2,	Item 18.)
	Sictor Spitor Sp	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	iner) P.M.	19			
	POGE 4 may be retained by the hospital or to FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for unshould be filed with the State Dept. of Health	2	21d INJURY OCCURRED 21e While Not while of work	. PLACE OF INJURY ( AT HOME, FARM, STREET F. OFFICE BUILDING, ETC.	ACTORY ) 21f. LOCATION Stree	t or R.F.D No.	City or Town	County Stole
	by the by the be done of the state of the st			nis hospital) attended the decear	sed from 2-8-1	54, 19,	10_5-5-2, 19	(1) (we) lost
	R ATTENI retained reCTOR: A 3 should with the		couses stated above	e, (I) (we) (did) (dyd not) view the	bady after death.	y) ( <del>our)</del> opinion i		
	OR ATTENDIN be retained by DIRECTOR: After ge 3 should be led with the Sto		22b SIGNATURE	ich mom	OLE DESREE PHYS	IG MED DIRECTOR	C MARK C	DATE SIGNED
	moy be moy be RAL DIR		22d PHYSICIAN'S NAME (Type)	oci procona	22e ADD		71113	0501
	A rr A rr NER. tor,		ואיים	derick Mooman			pital, Betheso	
	Poge 4 moy ro FUNERAL director, pog	230	Polyona 21 IAVONE 20		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (Stote)
	5 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		burial '	5/26/69 Linde	n-Linthicum	UL	arksville, Mar	TVLANO
	1/8	24	FUNERAL DIRECTOR HOWAY	d County ADDRES Harry Witzke	Ellicott lity	2So. REC D BY REGIS	STRAR 2Sb REGISTRAR S	

MARTLAND STATE DEPARTMENT OF HEALTH



2		07155	DIVISION OF VI	TAL RECORDS, :		EPARIMENT OF H STON STREET, BALTI		RYLAND 21201		
		tem6 FilmG412 5	/12/69 kk			TE OF DEATH			07151	
7 5/		CEASED NAME First ype or print)		Midd e		Last	2a DATE O	Marath 1		2b HOURA
	3 SE	Rita	4 RACE	Doreen		MC NABB	May	3	1969	1145 M
	3 36				5.	DATE OF BIRTH	.7	6 AGE (In years lost birthday)	F JNDER I YEAR MONTHS CLAYS	IF UNDER 24 HRS. HOURS MAN.
1	7a E	Female  IRTHPLACE (State or foreign	Caucasia 7b CITIZEN OF WHAT		8	Jul. 3, 193	9 COUNTY O	129 31 IN	25	
	(៥បូរា	(Canada	Cana		WIDOWED [	NEVER MARRIED		omery		11.0
_ [i	10. C	ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INST	าไปไป0N (If not i	haspital 12a. USUA	L OCCUPATION	Kind of work don	e 32b KIND OF E	BUSINESS OR
71.		Bethesda		et address) Na va	1 Hospi	tal during mo	ist of working ISEWife	life, even if retired	1 INDUSTRY	ONE
, (	13a. admi	usuat RESIDENCE (Where decease ssion) STATE Maryland	d leved, if institution 13b COUNTMON	Residence before tgomery	Wheator	WN { 3d INSIDE C TY LV	Mitss 13e S	TREET AND NUMBER 10815 Buc		
/ [	14. F	ATHER'S NAME First	Meddle	Last		OTHER'S MAIDEN NAME FI	rst	Middle		Lost
ŀ	1.6	Roy	Douglas	Rodger		Mab	el	٤.	Trou	
	Too. Y	WAS DECEASED EVER IN U.S. ARMI es, no of unknown) (1 yes give wo	r or dates of service)	None		RMANT Whea Lawrence G.		Address b, 10815		Dr.
		1B. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIA:  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGN.FICANT CONT	BY E CAUSE (a) Main DUE TO, OR AS A (b) DUE TO, OR AS A (c)	Lignant M CONSEQUENCE OF CONSEQUENCE OF			Ondition give	EN IN PART 1(0)	BETWEEN ON	SET AND DEATH
>	CERT FICATION		ONDITION FOR WHICH	OPERATION WAS PERF		20a. AUTOPSY? YES NO 🔀	CAUSE	F YES, WERE FINDINGS S OF DEATH?		RTIFYING
	MEDICAL CE	21a ACCIDENT WAS UNDERLYING  ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. A	Nanth Day Year		INJURY OCCURRED (Enter	nature of inju	ry in Part 1 or Part :	2, ttem 18 )	
		at wark at wark	LACE OF INJURY (AT			ION Street or R.F.D. No.	,	gr Tawn	County	State
		22a. I certify that (1) (this saw the acceased all causes stated abave,	haspital) attend ve an <u>May</u> (以) (we) (did) {也	ed the deceased 3 19 DOSDEVIEW the bo	from Ap: 9, and that ady after dec	c <u>il 23, , 19 C</u> lat in (YAY) (our) apir th.	og_, ta nion death	May 3 , 1 accurred on the	19 <u>59</u> , that ideas date and haur a	(4) (we) last nd fram the
4		22b. SIGNATURE	acton	P. MO. VICIND	DEGREE	22e ADDRESS	ED RECTOR	STAFF PHYS 🔀	May 1969	9
		NAME (Type) D. L.	HOUTON, L.			Naval Hosp	pital,	Bethesda,	Md.	
		BUR AL CREMATION 23b DI REMOVA. (Specify) BUT 121  Thereal directors are	8 1969	23c NAME OF CE	on's Ce	metery S	lilver	ON (City or Town)  Spring, Mc 25b REGISTRAF		(State) Md.
	יוקדיי ב	Cheral Charles W. E.	Fumphrey	* Chrine	Md Cill	Laks ALAV	R 10C	a victor		



	. 1	1	07156	DIVISION OF VI	MARYLANI TAL RECORDS	STATE D	EPARTMENT O	F HEALTH	1 Maryland 21201	DW tm	
			04190	D17131011 01 111	(	ERTIFICA	TE OF DEAT	H	MAKILAND 21201	0/15	8
	# - OF V		ECEASED NAME First		M ddle		Lost		ATE OF DEATH		26. HOURNA
	ours after death, by the funeral. Rages 1 ord 2 hours after death		Type or print) .A.KY	,	PHILOMEN	A ME	AGHER		Month 2	Year 69	1:15
	fter e fu es ì	3. 5	•	4 RACE		S	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	rs afte y the d Pages urs afti	Ļ	Female		casian		8/27/189		lost birthday) 71. YR		INDUKS MIN
	ours d in by pers. Per	COU	BIRTHPLACE (State or foreign ntry) Fhila., Pa.	76 CITIZEN OF WHAT O	COUNTRY?	8 MARRIED WIDOWED	<i>-</i>		TY OF DEATH	fuont_om	ery Md
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	= 1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA	y one couse per line fo ) BY- ITE (AUSE (a)	or (o), (b), and (c) )	·	of the	- C	lon	APPROXIM BETWEEN ON	MATE INTERVAL ASET AND DEATH
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FOR STATE		117757	MEDICAL EXAM	INER'S CERTIFICATE OF	DEATH	07153
HEALTH DEPT.		ECEASED NAME First Type or Print) Rose	Marie Marie	Middleton	20 DATE KNOWN Month OF ESTI- DEATH MATED 5-	15 169 2:48M
and 3 delo	3. S	EX 4 RACE	S DATE OF BIRTH 8-4-03	6 AGE (n years FUNDER YEAR IF L agraymouthday) MONTHS DAYS HOU	UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTH Pay	Yeor 19 59 2:48M
ny dei s 1, 2, and grm PM3	7o cour		THE CITIZEN OF WHAT COUNTRY?	8. MARRIED MNEVER MARRIED   WIDOWED DIVORCED		Md
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i within 24 n pencil n Exominer's File pa⊞es		WAS DECEASED EVER IN US ARMED ( es, no, or unknown) (If yes give	FORCES? Was or dates of service)  16b SOCIAL SECT  518-36	- 1891 Kines J. Mid	Ulston (low) 49th x 7	extendires
This certificate shauld be executed within 24 hours after death cote, writing the word "pending" in pencil in Item 18. Give Poge be farwarded to the Chief Medical Examiner's Office along with it be used as a burial-transit perm t. File pages and 2 with the Storer removal, and in any event within 72 hours after death.		PART DEATH WAS CAUSE	XTE CAUSE (o)	te bronchopneumon:	ia associated	AFPROX MAR THE PARTY BETWEEN ONSET AND DEATH
INER: This cert ficate shauld be executed e certificate, writing the word "pending" ishauld be farwarded to the Chief Medicol files.  3 should be used as a buriol-transit perm tation, or removal, and in any event within		Conditions, if ony, which gove use to immediate cause (a), stating the underlying cause (	(b) Witl	arterioscleroti	c heart disease.	
te shau the wo I to the o buriol nd in oi		last.	(c) (c) THIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(g)	
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	M	WHILE NOT WHILE TO	PLACE OF INJURY (At home, form, story, office building, etc.)			County State
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MARYLAND STATE DEPARTMENT OF HEALTH 07158 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07154 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2g DATE OF DEATH 2b HOUR TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician und completely filled to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 hauf she should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death funeral (Type or print) Month Year -corge 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF JNOER 24 HRS. lost birthday) MONTHS HOURS 66 YRS. 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) U.S. Mont Muss WIDOWED [7] DIVORCED T requires that the death certificate be executed within 24 attending physician and completely filled permit. Then please remove carban paper 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR aive street address) during most of working life, even if retired.) INDUSTRY Spring ant-inquieer 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CHY OR TOWN 136 INSIDE CITY E-MITS? 13e. STREET AND NUMBER STATEARULand 13b. COUNTY, YES XX NO Fulto 1 Reservoir 14. FATHER'S NAME M. ddle IS. MOTHER'S MAIDEN NAME First Middle Miller Bertha George Jank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na, ar unknown) 339-09-8322-Jeane Miller, Reservoir Road 18. CAUSE OF DEATH (Enter only one cause per one for (c), (b) and (c) ) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) xGeneralizedCarcinomatesis DUE TO, OR AS A CONSEQUENCE OF AnaplasticAlveolarCellAdenecarcinoma Canditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES JOY NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INSJRY OCCURRED City or Town State County While Not while at work 22a, I certify that (1) (this hospital) attended the deceased fram 3743, 1964, to 3 May 1909, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on 2 couses stated above (1))(we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22e. ADDRESS-205 22d. **DISVSICIAN S** IAME (Type) 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Darblann Comotonii Rockville. Mont Maruland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADBRESS Laia VR A15 (4) 30M REV. Silver Spring Milyan In Vardat

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	thing the det		While Not while of work at work	
	TENDING PHYSICIAN: ined by the haspital or OR: After this certificate auld be defacted for unity the State Dept. of Hearthe		22a. I certify that (1) (this hospital) attended the deceased fram 12, 19 69, to 11, 19 69, that	(I) (we) lost
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_	5	70	BIRTHPLASE (State or fare an	7b. CITIZEN OF WHAT COUNTRY?	I B HADDIED ET AVENTO HADDED	9. COUNTY OF DEATH	
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	fider pop thin	10.	CITY OR JOWN OF DEATH	give street address)		JA. OCCUPAT On Kind of work done nost of working life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY
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	OR of the	Н		e, (I) (we) (and) (and not) vew th	e body after death.	/	
	Man Grand	П	22b SIGNATURE	11XX 14 1	ATTENDING ATTENDING	MED STAGE 22c [	DATE SURNED
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certific Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then poshould be fised with the State Dept. If Health prior to burial, crematian, or removal,	23.0	BURIAL, CREMATION, 236	DATE 23 NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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	VR A15 (4) 45M 1 69	24	TUNERAL DIRECTUR	Sons, SI30Wis.	2. 15 Mhacy Act 250 MIN	5 1969 25b REGISTRARS	CAN LANGE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07157 CERTIFICATE OF DEATH DECEASED-NAME First Last 2g. DATE OF DEATH deoth. executed within 24 hours after death funerol 1 (Type or print) Month といのけ 3 SEX 6 AGE (In years IF UNDER I YEAR last birthday) MONTHS DAYS Jept. 7 1881 7a, 81RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) KANSAS USA WIDOWED X DIVORCED [ Montgomery filled buriol, cremotion, or removal, and in any event, within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR pou Silver Spring during appsite world nerlife, even if retired ) INDUSTRY 130 LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JIM TS? 13e STREET AND NUMBER 13b COUNTY Montgomery Woodaches NO 6008 Cobalt Rd. 14. FATHER'S NAME Middle Last 15. MOTHER S MAIDEN NAME First Middle Last The law requires that the death certificate be Richard Thornton Adeline Holten Martin 160 WAS DECEASED EVER IN .. S ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) -62-9572 Mrs. Bert W. Morrow 6008 Cobalt Rd. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per ingenfor (a), (b), and (c)) PART I DEATH WAS CAUSED BY urcinomatas IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) burial-transit rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AuTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | 21g ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part or Part 2, Item 18) Poge 4 moy be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) defoched State Dept 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an May 4, 1967, an may 4 . 1969 , that (1) (wellast saw the deceased alive an May 4 1967, and that in (my) (an) opinion death accurred on the date and hour and from the causes stated above, (i) (we) (d.d) (did not) view the body ofter death. director, page 3 should should be filed with the **SIGNATURE** 22c DATE SIGNED M.D ATTENDING DIRECTOR PHYS PHYS PHYSICIAN 22e ADDRESS BURIAL, (REMATION, TERMOVALISTICS (fy) 23d LOCATION (Caty or Town) ROCKVIILE 23b, DATE 5-6-69 23c NAME OF CEMETERY OR CREMATORY Parklawn 24 FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Robert A. Pumphrey 7557 Wisc. Beth. Md DAIL MAY 1969 Minutes Indal



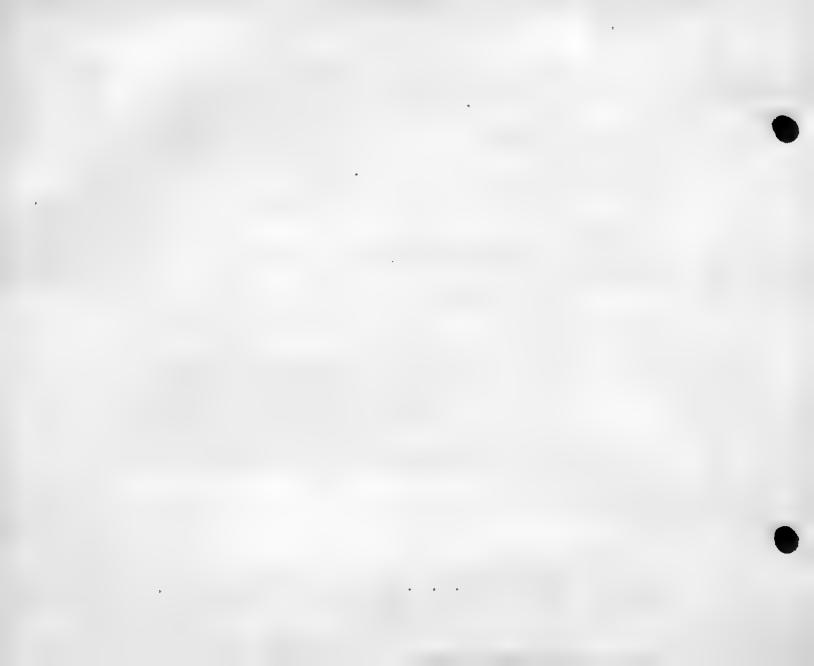


MARYLAND STATE DEPARTMENT OF HEALTH 07159 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07163 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2g DATE OF DEATH (Type or print) Hughes Louis Moore 7 October 1916 3 SEX 4. RACE ond in ony event, within 72 hours offer 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. be rexecuted within 24 hours ofter Male Negro last birthday) HOURS 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🕞 NEVER MARRIED 🗌 papers. North Carolina USA WIDOWED | DIVORCED [ Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street office Clinical Center physicion and completely trees please remove corbon Bethesda during most of working life, even if retired) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3e STREET AND NUMBER Comecticut 136 COUNTY Stamford YESTE 94 Henry Street 14 FATHER S NAME IS. MOTHER'S MAIDEN NAME First Middle Inst Middle Andrew Moore Mary Jane Evans requires that the death certificate 17 INFORMANT The Medical Recordsaddress 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no er unknown) buriol, cremation, or removal, 237-09-2488 The Clinical Center, NIH, Bethesda, Md. 20014 signed by the attending phy buriol-transit permit. Then APPROXIMATE INTERVAL 18 CAUSE OF DEATH (finter only one cause per line for (a), (b), and (c)) Post-operative pseudomonas BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) pneumonia and mediastinitis 3 days DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave ) (b) Dissecting aneurysm, thoracic aorta 2 Years rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Congestive heart failure 2 Years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) hos been see as the bethe the prior to be Atheroscleratic cardio-vasculor disease 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 28 Apr. 69 Dissecting Aneurysm Yes director, page 3 should be detached for use should be filed with the State Dept. of Health YES 🕎 NO I this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. State City or Town County While Nat while of wark 220. I certify that (this has have a sow the deceased from 5 March 1969, to 3 May 1969, that (the lost sow the deceased alive on 3 May 1999, and that in (a) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: couses stoted above, 10 (we) (did) (20200) view the body after death. 225 SISNATURE 22c. DATE SIGNED MED DIRECTOR 3 May 1969 DEGREE 22e ADDRESS The Clinical Center, National 22d. PHYSICIAN S NAME (Type) DGERS Institutes of Health, Bethesda, Md. 20014 (County) 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 21d LOCATION (City or Town) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) 25g. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68

1/-	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			7160
HEALTH DEPT.	1 (	DECEASED NAME / First Middle Lost 2 20 DATE KNOWN N Month Do	
of of		(Type or Print) Horsel Michael Marel DEATH MATED 5 2:	3 189/2 5M
delay is and 3 to 3 t	3 5	SEX RACE S DATE OF BIRTH 6 AGE (in years   FUNDER YEAR   IF UNDER 24 HRS   2c DATE PRONOUNCED DEAD   Ingst bighthough   Months Day'S HOURS MIN.   Month Day	Year 2d HOUR
	7.	Male (1 fette 2/9/192) 48 vrs men 23	189 20M
0.00	COM	BRIHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH   18. WIDOWED   DIVORCED   Married Never Married   19. COUNTY OF DEATH   18. MARRIED NEVER MARRIED	
_ 63	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 12a USUAL OCCUPATION (Kind of work done 12a	KIND OF BUSINESS OR
ter deoth Give Poges ong with for thinks Store		Betherder give street address Suburbane during most of working the even if retired) IND	DUSTRY /1/1/
<del>-</del>		a USUA. RESIDENCE (Where deceased fived, if institution: Residence before 13c CTY OR TOWN 13d INSIDECTY LIMITS? 13e STREET AND NUMBER odmission) STATE 77 / V13b COUNTY 7	11
hours of them 18.		FATHER S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	9/ .
	15	Privile march march	- to-hant
hin 24 nul in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA, SECURITY NO 17, INFORMANT ADDRESS	me En
d with:n in pencil Examine File pog		(Yes, no or unknown) (If yes give wor or days of service) 115-05-8775 Wife mayou mayou maye	con
ted " in all E. Ithin		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY NOW THE COURT (A)  NOW THE COU	APPROXIMATE INTERVAL BETWEEN QUSET AND DEATH
e executive pending set Medical sit permits vent with		IMMEDIATE CAUSE (a)	4 1/1.
net A		Conditions, if any, which gave) (b) Troums. from Auto Accident -	
ord ord and Il-tra		rise to immediate cause (a).  Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be executed to word "pending" in the Chief Medical burial-transit permit.		last (c)	
s certificate should be executed within 2 e, writing the word "pending" in pencil is forworded to the Chief Medical Examiner used os a burial-transit permit. File page emoval, and in any event within 72 hour		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing the reworded to so onoval, and	NO I	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
STZZ its certificate should be executed with the word "pending" in performanced to the Chief Medical Example used as a burial-transit permit. File fermoval, and in any event within 72	CERTIFICAT	WAS PERFORMED?	YES NO X
MINER: This certified the certificate, write the should be forwant files.  B 3 should be used motion, or remova			
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH 830 RM 3/23 1969 Car he was driving was shows by	
	1	WHILE ONLY WHILE THE factory, office building, etc.)	County State
L EXA  Poge or you or you igl, cre		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry .	and in my apinion
<b>A</b> % [ * 0 E * 1		death resulted fram: Notural causes , Accident , Suicide , Hamicide , Undetermined monner	]
pleose e l'director retained DIRECTO		ACTUAL CHIEF MEDICAL EXAMINER C	
> . o . = -		SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 120 DATE SIG	23,1969_
TO DEPUTY DIC NECESSORY, pleose of the funeral directory of may be retained to FUNERAL DIRECT Health prior to b.		L CAMPINER )	
To I the	231		aunty) (Stote)
	0.1	Burial May 26,1969   St. Michaels   Poplar Springe	Md.
VR AT SME (S)	24	A. FUNERA. DIRECTOR  Olin L. Molesworth, Damascus, Md.  DATE MAY 2 8 1969  ADDRESS  DATE MAY 2 8 1969	Mature Indge
TOM REV 1/68		DATE MAY 2 8 1969 / COM	



	1			ID STATE DEPARTMENT OF		
17.	1	07165		301 W. PRESTON STREET, BAL	rimore, Maryland 21201	07161
	-			CERTIFICATE OF DEATH		
death.		CEASED-NAME First ype or print)	Middle	Lost	20. DATE OF DEATH	2b HOUR
8 9 5 8		Rosa		Morris	May Month 14 Do	
	3. SE		4. RACE	S. DATE OF BIRTH	6 AGE (In years lost birthdoγ)	IF LINDER F YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Page	<u> </u>	Female	Cauc.	4/12/74	95 YRS.	MONTHS SINS
hau S.	70 E	IRTHPLACE (State or foreign try)	b. GITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9. COUNTY OF DEATH	
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thin fills rithin		TY OR TOWN OF DEATH	give street oddress)	STATUTION (If not in hospital 120, USU during n	AL OCCUPATION (Kind of work done nost of working life, even if retired) DUSOWIFE	125 K ND OF BUSINESS OR INDUSTRY
wi srbod t, w	1.0	Silver Spring	Carriage H	111 N. BENT H		
ample ve co	ođmi	Maraland .  Response to the second control of the second control o	1/3b. COUNTY Prince George	as Hvattsville	lim.757 13e. STREET AND NUMBER  □□ 7333 New Harr	pshire Ave.
exe out	14. F	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME		Lost
4 6 9		Nathan	Wollbe	rg Ros	salia	Abbott
requires that the death certificate be executed within 24 haurs affer a physician.  signed by the attending physician and ampletely filled in by the burial-transit permit. Then please remaye carbon papers. Pages to burial, cremation, ar remayal, and in any event, within 72 haurs after		WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give war	D FORCES? NO 16b. SOCIAL SECURITY 57914817		enstein 7333 N.	H. Ave.
reg p	П	18. CAUSE OF DEATH (Enter only	one couse per me for (o), (b), and (c)	)	Такота	Par Approximent interval Between onset and death
ndir nit. ar re		PART I DEATH WAS CAUSED	BY: Concestive	e heart failure due	t to	ANGULA OUSE MAD DEAL.
e de atte		4123	DUE TO, OR AS A CONSEQUENCE OF			
t the sit p	Н	Conditions, if any, which gove a rise to immediate cause (o),	(b) Athe	erosclerotic heart	disease	
사기 등 등 장 등 등		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
A squires th physician. Signed by burial tra		lost.	(c)			
Page 18				OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
y w ring seen the rito	공	Diabetes Me				
The law re attending has been se as the th priar to	CERTIFICATION	196. DATE OF OPERATION 196 CC	INDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONS DERED IN CERTIFYING
ar aft ar af ar af the har use	ERT	210 ACCIDENT WAS UNDERLYING	All This As Bullion	YES NO 5	2	
	CAL C	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		er noture of injury in Port 1 or Port 2,	Item 18.)
rsic aspi certi hed it. a	MEDICAL	If either, notify medical examine 21d INJURY OCCURRED 21e P			). City or Town	County State
PH) he hi his etacl Dep	Ш	21d INJURY OCCURRED 21e P While Not while 1 of work 2	OFFICE BUILDING, ETC	(TORY.) 21f LOCATION Street or R.F.D. No	. City of town	700114 3101 <del>0</del>
NG by the fer i		22a. I certify that (1) (this	hospitall attended the deceas	ed from S JAN 19	64 to 14 May 19	67, that (I) (we) last
A P P P P P P P P P P P P P P P P P P P	П	saw the deceased aliv	re on 13 may	ed from 19	inian death accurred ap the d	ate and haur and from the
TTE Grains	ш	causes stated above,	(I) (we) (did) (did not) view the	bady after death.		
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certificate 3 should be detached faged with the State Dept. af H.	П	22b. SIGNATURE	16 Set m	O . DEGREE PHYS	MED. STAFF 22c.	DATE SIGNED 4 May 69
AL C N by	Ш	22d PHYSICIAN'S	in the case of the	22e ADDRESS	DIRECTOR BY PHYS. L.	Tracy or
PITA mo ERA II. p	Ш	NAME (Type) Donal	d B. Doty, M. D.		over Street, Sil	verSpring, Md.
10 HOSPITAL Page 4 may O FUNERAL director, page	23o	BUR AL, CREMATION, 235 DA	TE 23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
<b>5 6 9 9 9 9 9 9 9 9 9 9</b>		REMOVAL(Specify) Burial May	16,1969 Home o	f Peace Cemetery	Alexandria, Vi	, ,,
VR A15 (4)	24			232 Carron 77   250 RECD	BY REGISTRAR 256 REGISTRAR'S	S GNATURE
45M 1/69	Hei	orew Memorial F	uneral Home St.,		1 9 1969	Co frage

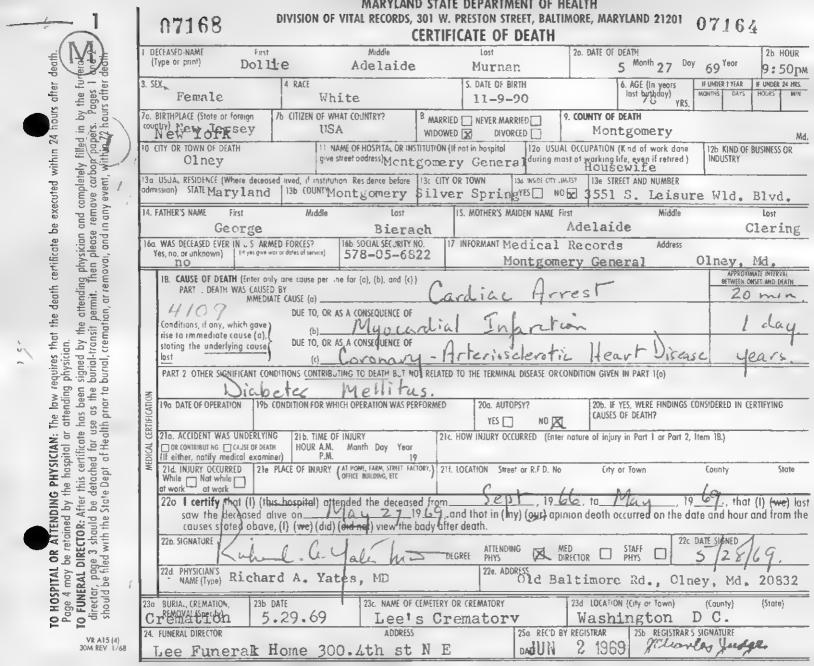


	1	MARTIAND STATE DEPARTMENT OF HEALTH	
EOD CTATE		17166 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07162
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REALIN DEFI.		Type or Print) OF ESTI-	Day Year 2b. HOUR
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ffer death G ve Pagi ang with ith the Sta	1./	give street oddress), during nost of working life, even if fell red)	INDUSTRY
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D % D % O .		omisson) STATEM d. 138 COUNTY AMERICA. CHRISCHUSE YES NO 1 8801 MONTHOM	ery Ave
haurs Item I Office Jand 2	14. F	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
Z E (n X n ) n	L	Charles Haje Sumus	Leuid
E G E E G		WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO 12 INFORMANT   BROTHER ADDRESS   167 - 09 - 858 DEOPGE H   H 410 - 10021 10	nbrook Silver
		18. CAUSE OF DEATH (Finter only one cause per line for (a), (b), and (c).)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
d be executed a "pending in Chief Medical E transit permit. F		PART I. DEATH WAS CAUSED BY	sudden
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ord and with		rise to immediate cause (o), ( stating the underlying cause ( DUE TO, OR AS A CONSEQUENCE OF	
e shauld be e the ward "per ta the Chief i burial-transit a burial-transit		last. (c)	
nis certificate shauld tte, writing the ward farwarded ta the Cl be used as a burial-tr remaval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing th rwarded t ssed as a l	Z Z		
certi; writ arwai used mava	CATIO	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION		YES+ NO
= 70 = 7		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 2xc HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, In	em 1B.)
NER: certiff hauld iles. shauld stian, o	MEDICAL	CAUSE OF DEATH P.M 19	
(AMINER: te the certi je 4 shaulo four files. age 3 shau crematian,	2	21d INJURY OCCURRED 21e PLACE OF N.JRY (4t hame, farm, street, 21f LOCATION Street at R.F.D. Na. City at Tawn foctory, office building, etc.)	Caunty State
		AT WORK AT WORK	***
AL Sxee		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔼 Inspection 🔼 Inquiry 🖸	
please 6 director retained or to bu		death resulted from. Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
please direct direct retaine or to be		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTROL OF CHIEF CONTROL OF CONTROL OF CONTROL OF CHIEF CONTROL OF CONTROL	ficula
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o DEPUTY necessary, the funerals s may be r o FUNERAL Health pr		EXAMINER'S  NAME (Type)  DEPLTY MEDICAL EXAMINER (A property of the property o	72611101
To D The the the CO F M Hec	23a	BURIAL, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
		Burial 5-29-1969 Parklawn Cemetery Rockville, Montg	
70	24.	FUNERA, DIRECTOR JOSEPH GAWLER'S SON, INCADDRESS 250 REC'D BY REGISTRAR 256 REG STRAR'S	
VR A15ME (5)\ 10M REV 1/68		5130 WISC. AVE., N. W. WASH., D. C. 20018 PAUN 2 1969 TClinal	as Indae



1 12	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07163
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 2b HOUR (Type or Print) JOHN WILLIAM MULLENS DEATH MATED May 5 169 8:45
Any delay is 1, 2, and 3 to m P.M.3. Page person of peparament of	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 11-18-14 18-14 19-1
S - S - S - S - S - S - S - S - S - S -	70 BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   9 COUNTY OF DEATH   COUNTRY) Ala. USA WIDOWED   DIVORCED   Montgomery Md
Les offer death of 18. Give Pages 1, ce along with form 12 with the State Der	10. CITY OR TOWN OF DEATH  Takoma Park  I NAME OF HOSPITAL OR INSTITUTION (If not in hospito   120 USUAL OCCUPATION (Kind of work done   12b Kind OF BUSINESS OR during most of working life, even if refused).   INDUSTRY   Manager — Workshop for Blind
24 hours after death in Item 18. Give Page r's Office along with the States after death	odm ssion) STATE Md. 136/COUNTY Mont. Wheaton YES K NO 3920 Lantern Dr.
#\E := / # 0	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost B. W. Mullens Ida Bridges
d w.thin 24 in penal in Examiner's File pages in 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, npg unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Hospital Records
xecute Iding" Medical permit	18. CAUSE OF DEATH (Enter only one couse per the (a) (a), (b), one (c)):  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS Y CONSEQUENCE OF A D A A
shauld be e ne ward "per ta the Chief I burial-fransit i in ony even	Canditions, if any, which gove rise to immediate cause (a) stating the underlying cause lost.  (b) Massellinal Housellina (b) DUE TO, OR AS A CONSEQUENCE OF (c) Constant of Color
ER: This certificate shauld certificate, writing the ward auld be farwarded to the Cles.  es. should be used as a burial-training or remayal, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION G VEN IN PART 1(a) of Application of the Disease of Condition of C
INER: This certificate, writ shauld be farwar files. 3 should be used atrion, or remaya	21a EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)  PRIMARY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)  PRIMARY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)
ICAL EXAMINER: e execute the certi far. Page 4 shauld ed far yaur files. ETOR: Page 3 shoul burial, cremation,	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH PM.  21d NJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, factory, affice building, etc.)  WHILE AT WORK A.M. 19  County State
please execut please execut I directar. Pag retained far y I DIRECTOR: P	22a   certify that I taak charge of the remains described above, help an Autapsy   Inspection   Inquiry and in my apinion death resulted from: Natural causes Accident   Society   Homicide   Undetermined manner   CHIEF MED (AL EXAMINER
ITY, Feral be real price	ACTUAL SIGNATURE
TO DEPU necessa the fun 5 may TO FUNE	23c BURIAL, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) Darnestown, Montgomery, Md.
VR A15ME 19	Tyson Wheeler Funeral Home Rockville, Maryland MAY 9 1969 (Charles Judge)







	MARTIAND STATE DEPARTMENT OF HEALTH
	07169 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07165
	CERTIFICATE OF DEATH
J. A. mile	1 DECEMENTALIST
a see	(Type or print)
9 9 9	waven I murphy may 12 1919 II
fer fer	3 SEX  4 RACE  5 DATE OF BIRTH  6 AGE (In years If UNDER I YEAR F UNDER 24 MRS last burthday)  MONTHS DAYS HOURS MIN
the age	MALE 12-13-03 last birthday) YRS MONTHS DAYS MOURS MIN
yd yd our	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED 7. COUNTY OF DEATH
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n 2 n 1 lifed pop pop	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
ith it was a state of the state	give street address?   during most of working if e even if retired   INDUSTRY
d w	130 LSUAL RESIDENCE (Where deceased lived, I institut on Residence before 13c CITY OR TOWN 13d MISIDE CITY LM. IS? 13e STREET AND NUMBER
utec mpl re c	admission) STATE MD PHONTESIMERY BETHERA YES NO 12 12 7 Por 4 De 1600
xec no.	14 FATHER'S NAME First Middle Last IS MOTHER'S MA,DEN NAME First Middle Last
and and	
no.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address
fica ysic ple 1, o	Yes, no, or unknown) (11 yes a ve war or dotes of service) 577-60-1672 E/12 P. Murphy - 5Am4.
ertin	
. / E	BETWEEN CHISTI AND PRATE
tendin (death	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) My or arelial Thrombosis. Old + Recent -
death de dea	4/09 DUE TO, OR AS A CONSEQUENCE OF
the the matter	(conditions, if any, which gove) (b) Corenaiy throm bosis orld + Recent
다 수 한 H	stating the Logarium couse? DUE TO, OR AS A CONSEQUENCE OF
equires that the death fertific physician. signed by the attending physiburial-trans-f permit. Then pluvial, crematian, ar remaval,	lost (1) Coronary Arterioscleics 5 Societe - 40015.
Short ign	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	Dishetes Molitus -
law law s the sign of the sign	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The after has se a th pr	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO
of the soft	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M Month Doy Year
SS part of the control of the contro	[If either, notify medical examiner] P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM SIRET FACTORY.) 21f LOCATION Street of R.F.D. No. City of Town County State
PHYSICIAN: ne haspital on his certificate efached far u Dept. af Hea	White Not white Office Building, ETC Office Building, ETC
te de transfer	of walk of walk 1
Ste Be	220. I certify that (1) (this haspital) attended the deceased fram , 19.50, to 19.60, to 19.60, and that in (my) (our) opinion death accurred an the date and hour and from the
ATTENDING etained by th CTOR: After it should be de vith the State	causes stated abave, (1) (did) (district) view the bady after deoth.
A Paragraphic	22b SIGNATURE C
OR De red w	Sortizio Po Ball mi DEGREE ATTENDING DIRECTOR DI STAFF DI May 12,1969
LD See Free Free Free Free Free Free Free	22d PHYSICIALYS 22e ADDRESS
PIT. mo RA I., p	NAME(Type) John G Garl Bethesda, Maryland
D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be fited with the State Dept. of Health prior to	23a. BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or aftending TO FUNERAL DIRECTOR; After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior to	PFMOVA (Specify)
5-5	Burral Removal 5-13-1969   Mountain View Cemetery Oakland, California  24 FUNERAL DIRECTOR JOSEPH GAWLER'S SON, INC. ADDRESS   256 REC'D BY REGISTRAR   256 REGISTRAR S SIGNATURE
VR A15 (4) 45M 1/69	
MOIN (VOA	5130 WISC. AVE, N. W WASH. D. C. 20016 DAVA 20 1969 College Oxeder.



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5		Н	17170	1 7 () DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
		Ľ	14.1.10		CERTIFICATE OF DEA		07166	
	£ _ % £		ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR	
	s offer death The funeral ages I and 2	(	Type or print)	so Flital	oth Nichai	Mald	2 2 100 G PM	
	er o	3 S		4 RACE	S DATE OF BIRTH	6 AGC (In		
	The fun	1 /	FEMALE	Caucasian	9-10	- 94 lost who	ICY) MONTHS DAYS HOURS MINE	
	S S		BIRTHPLACE (State or foreign	7b, CITIZEN OF WHAT COUNTRY?	18	9 COUNTY OF DEATH	YRS.	
	ho district		ntprival: L	71.50	MARRIED NEVER MARRIED WIDOWED DIVORCED	7 / ///		
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	The law requires that the death certificate be executed within 24 haurs after death attending physician. The standard physician and completely filled in 57 the funeral has been signed by the attending physician and completely filled in 57 the funeral the burial-transit permit. Then place remove carbon papers. Pages I and the priar to burial, crematian, ar removal, and in any event, within 72 hours after death.	7	AKOMA Par	VITA 300		ung mast of warking life, even if	retired   12b, KIND OF BUSINESS OR	
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	d cc	<del>1</del> 4.	FATHER S NAME First	Middle Last	IS MOTHER'S MAIDEN N	NAME First	Middle Lost	
	ate be execution and compages remove and in any evi		JAME	Es Mac	klin			
	ate b		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECURIT		,, / A	address .	
	that the death certificate be exemple.  by the attending physican and a transit permit Then ligase remo crematian, ar removal, and in any	L	'es, na, ar unknawn) (It yes give t	var ar dates of service)	Wash. So	an. & Hosp. Rec	gyds.	
	ē E		18 CAUSE OF DEATH (Enter or	y one cause per line-far (a), (b), and (	9) 1	A	APPROX MATE INTERVAL BETWEEN ONSEPTAND DEATH	
	attending in		PART I. DEATH WAS CAUSE IMMEDI	D BY ATE CAUSE (a) Local CO	reduct for	mhorle	1 da	
	he deat attend permit ian, ar r		41	DUE TO OR AS A CONSEQUENCE O	)F			
	it the		Canditions, if any, which gave	arten	alustra (a	- Charles of	will 3 mg	
	that in. by t irans crem		rise to mmed ate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE (	)F	a transfer and the		
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18	equires that the physician signed by the burial-transit burial, cremat		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1(c	)	
16.	v re en he ta	2						
Al	lay endi s be as t as t riar	PE S	196 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY?		INDINGS CONSIDERED IN CERTIFYING	
	at the state of th	CERTIFICATION			YES 🗀	NO CAUSES OF DEATH?		
	or ate		21a. ACCIDENT WAS UNDERLYIS	270 11772 01 1100111	27c HOW INJURY OCCURRED	(Enter nature of injury in Part 1 a	or Port 2, Item 18)	
	Pital	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M	19			
	OR ATTENDING PHYSICIAN: The law requires be retained by the haspital or attending physici DIRECTOR: After this certificate has been signed as 3 shauld be detached far use as the burialed with the State Dept of Health priar ta burial.	Mg.	21d IN JRY OCCURRED 21a	PLACE OF INJURY ( AT HOME, FARM, STREET, OFF CE BUILDING ETC.	FACTORY.) 21f LOCATION Street or R.I	FD No City or Town	County State	
	the the detection of th	ш	White Nat while of work at wark					
	by fiter be stat		22a. I certify that (I) (th	is haspital) attended the deced	sed from 7	180 , to May 2	2-1969, that (I) (we) last	
	R: A		saw the deceased a	hive on // (A) 2-2	=140_1, and that in (my) (ou	r) opinion death accurred or	n the date and have and from the	
	T to the state of	ш	22b SIGNATURE	(i) (we) (aid) (aid well) view iii	e body diret deoin.		22c DATE SIGNED	
	OR ATTENDING be retained by th NRECTOR: After t e 3 shaved be de ed with the State	ш	( ) ( ) ( ) ( ) ( ) ( )	Timbona la	DEGREE PHYS	MED STAFF DIRECTOR PHYS	5->2-69	
	AL C		22d PHYSICIAN'S	and the same	22e. ADDRESS	DIRECTOR - FILES -	13 72-07	
	ERA ERA Jr. p		NAME (Type)	WHITLOCIC	77	12 Chuallan	- Charobetyo.	
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shourd Standard be filed with the	230	BURIAL, CREMATION, 23p		F CEMETERY OR CREMATORY	23d LOCATION (City or To	own) (Caunty) (State)	
	55 5 5 K		230 Miles	ry 27. 1969 Seo. 1	Vashingting Comil		Missea Md.	
	VR ALL	24	FLINGRAL DIRPCTOR	254 (BALLEDA	250. 8. W. 250. E		GISTRAR S SIGNATURE	
	45M 4769	1/2	William Wallets	Mislupon	DE 20012 DATE	MAY 2 7 1969 /	Millooles Judge	



	•	MARYLAND STATE DEPARTMENT OF HEALTH						
	1		07171	DIVISION OF VITA	AL RECORDS, 301 V	V. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
1	•		47 8 74 4 35			FICATE OF DEATH		07167
-	£ - 8£	1 DE	CEASED-NAME First		Middle	last	2g. DATE OF DEATH	2b. HOUR
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		3 S€		4 RACE		S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF LINDER 24 HRS
		上	1010	(1) (1) (1)		7-29-18	197   last birthday) YRS.	MONTHS OAYS HOURS MIN
	haur s hau	7a B €OLT	IRTHPLACE (State or fareign try)	76. CITIZEN OF WHAT CO	DUNIRY? 8 MARI	RIED 🔀 NEVER MARRIED 🗌	9. COUNTY OF DEATH	
	hin 24 ho filled in papers ithin 72 ho	10.6	TY OR TOWN OF DEATH	America	WIDO:	WED DIVORCED	Montgomera	1 Md
	y fall	_		give street			AL OCCUPATION (Kind of work done i last of work ng life, even if rehred)	126 KIND OF BUSINESS OR INDUSTRY
	d wi	13a	Koma Tork	ed lived, if institution, R	esidence before 13c (II	Y OR TOWN 13d INSIDE CTY	MITS? 13e STREET AND NUMBER	
	campletely fundo carbon nove carbon nove with with	admi	ISIGN) STATE	136 COUNTY Ha	ward F		O Route 2	16
	and con remo	14 F	ATHER S NAME First	Middle	Last	IS MOTHER'S MAIDEN NAME		1202
	d d d d		Frank		Nichols	P	nnic	>
	phys com en please ovol, and jr		WAS DECEASED EVER IN U.S. ARA es, no or unknown)   (fyes give w	AED FORCES? 16b.	SOCIAL SECURITY NO	17 INFORMANT	Address	Tokoma Port
	ovo ee	<b>-</b>				Doshington	San + Hospital 1	PECOTAS MATE INTERIAL
	affending permit. The		<ol> <li>CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED</li> </ol>	D BY	(a), (b) and (c))	hulled	•	BETWEEN ONSET AND OFATH
	dea trmit i, ar		1 IMMEDIA	ATE CAUSE (a)	racel	The contract	,	
	the draw t per t p		Canditions, if any, which gave )	DUE TO, OR AS A C	UNSEQUENCE OF	m Mail	Ilst .	
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	quires that the physician. signed by the buriol-transit puriol, cremati		lasi	(4)				
3	Pauli Phy sign buri buri	П	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR	CONDITION GIVEN N PART I(a)	
1	the the rate	S.						
$\ell_i$	or offending or offending of hos been use os the solith prior to	CERTIFICATION	19a, DATE OF OPERATION 19b	CONDITION FOR WHICH OF	PERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
-	or of the half	CERTI	21a. ACCIDENT WAS UNDERLYIN	G 216. TIME OF INJU	PY 2	YES NO	I are noture of injury in Part 1 or Part 2,	Itam 19 )
	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2 be retained by the haspital or attending physician.  NRECTOR: After this certificate has been signed by the attending physician and campletely fillere a 3 should be detached for use as the buriol-transit permit. Then please remove carbon payed with the State Dept. of Health prior to buriol, cremation, arremaval, and in ony event, within	⋖	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M Ma	nth Day Yeor	TELLE	i notore al injuly in rain 1 of rain 2,	ieiti (d )
	responding to the design of th	WED	21d INJURY OCCURRED   21e.		ME, FARM, STREET, FACTORY, 1 2	If. LOCATION Street or R.F.D. No	City or Tawn	County State
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	by 1 ffer ffer be 0 State	П	22o. I certify that (I) (th	is haspital) attende	the deceased from	5-5, 19£	9, ta 5-14, 19.	69, that (I) (we) last
			causes stated obave	live on <u>      2 4   /</u>   (	note view the bady at	ond that in (my) (our) op ter death.	inion death accurred an the da	te and haur and fram the
	OR ATTENDIN be retained by DIRECTOR: After je 3 should be ed with the Sta		226 SIGNATURE	hili .	-/1	2 5	224	DITE SIGNED
	DIRE DOINE		11-0-11	mun,		DEGREE PHYS	MED STAFF DIRECTOR PHYS	114/14
	MAY MAY RAL I Pooce in pooce i		22d PHYSICIAN S NAME (Type)			22e ADDRESS		-/
	다. 4 로 o o	23 n	BURIAL, CREMATION. 23b. I	DATE	23c NAME OF CEMETERY	OP (PEMATORY	23d. AOCATION (City or Town)	(County) (State)
	Poge O FUN	1	REMOVAL (Specify)	1,7/10	A THE OF CEMETER	el o mister	Sur Joer Ion (city di Idwil)	2 (Sidie)
	Coll	24	UNERAL DIRECTOR	11/69	ADDRESS	250 REC D 1	PREGISTRAR SECUSTRAR SECUSTRAR SECUSTRAR SECUSTRAR SECURITARISM	SIGNATE RE
	4510 786		l'onaldaul	1.H Ka	My May	DMAY :	C C 1909 C X	and Manager



Ttem 18 Film 413 6-5-69 ammartland State Department of Health Division of Vital RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLANI	21201
07172 CERTIFICATE OF DEATH	07168
1 DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print)	2b. HOURD
DECEMBED NAME (Type or print)   Co. DATE OF DEATH (Type or print)   Linwood Vernon Nicholson May   S. DATE OF BIRTH   S. DATE	
3. SEX 4 RACE S. DATE OF BIRTH 6. AGE lost be set to set t	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.  INTO ONE OF THE OR OF
Male White Sept. 7,1913	> YRS.
70 BIRTHPLACE (State or fore gn country)  7b. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED  9. COUNTY OF DEATH	
Maryland U.S.A. WIDOWED DIVORCED Montgot  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp-tol during most of working life away	
Titype or print    Linwood   Vernon   Nicholson   May	n if retired.) UNDUSTRY
130 USUAL RES DENCE (Where deceosed lived, if institution, Res dence before 13c, CITY OR TOWN 13d MSIOE CTY JMMIS? 13e STREET AND	
admission) STATE Maryland Jak COUNTY Carroll Woodbine YES NO X Rout	e 1
14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First	Middle Last
Harry Nicholson Beulah	King
16a WAS DECEASED EVER IN LS ARMED FORCES? Yes, no, or Jinknown) (1905 give and go dotes of service) WW 2  16b. SOCIAL SECURITY NO. 17 INFORMANT records  2/3-0/-6796 Controlmery General Hospit	Address
Tes, no, of Jikhown (170 90 WW 2 2/3-0/-6796 ont gomery General Hospit	al. Olney. Md.
iB. CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c).)  PART I, DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
immediate cause (o) Carsenomolo de la immediate cause (o)	y mos,
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)  Due To, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)	
rise to immediate couse (a), (b).  Storting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	
Stoting the underlying couse (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  YES  NO  CAUSES OF DEAT	[ 1(a)
	or subble of Cancingoes in statisting
190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WE CAUSES OF DEA	RE FINDINGS CONSIDERED IN CERTIFYING TH?
210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Por	Lor Port 2 Item IR)
210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR AM Month Day Year HOUR AM Month Day Year 19 216 HOW INJURY OCCURRED (Enter nature of injury in Part Hour Age of the part	
21d. NJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
While of work	
22a. I certify that (I) (this haspital) attended the deceased from Muss 7, 1967, to Muss sow the deceased of ve on 3 - 2 3 1969, and that in (my) (our) apinion death occurre	23, 1969, that (I) (we) last
sow the deceased of ve on	a on the date ond hour ond from the
22b SIGNATURE ATTENDING MED STAFF	22c. DATE SIGNED
8 & B & DIRECTOR DIRECTOR DIRECTOR PHYS	0 5-23-67
22d. PHYSICIANS  MAME (Type)  The denies Meaners M. D. Sondry Son	
Frederick Moomau, M. D. Sandy Spring, Md.	
O S S J D O CO S D D D D D D D D D D D D D D D D D D	r Inum) Knumby (Canta)
SP 3 3 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CHAMBON 23d JOCATON (City)	
	Carroll Md.



MAKTLAND STATE DEPARTMENT OF HEALTH 17173 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07169 CERTIFICATE OF DEATH 2b HOUR Lost DECEASED NAME First Middle 2a. DATE OF DEATH deoth. (Type or print) Helen Month 5 Louise O'Connor 69 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR F UNDER 24 NRS last birthday) popers. Pages hrg.72 hours off DAYS MONEHS HOURS 822/91 female Caucasian YRS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Wash D IIS A WIDOWED TO DIVORCED [7] Montgomery NO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR give street address)
HOI during most of working life, even if retired)
NOUS EWITE INDUSTRY Sil. physicion and campletely ten please remave corbon Cross Hosp 0 0 requires that the death certificate be executed wi 13a JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. MISIDE CITY JIMITS? 13e STREET AND NUMBER 13b. COUNTYONT. admission) STATE YES NO 2104 Beivedere Blad 5 pg In any Middle 14 FATHER S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Thor estt. umenown unkhowa reered 110. At. A ond 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT Bertsville Md. Robert F. O'COnnor 302 Dunpington Rd Yes, no. or Jnknawn) 1 ( tives give war or dates of service) 220-64-8420 Sw name in B. ottending phys 18. CAUSE OF DEATH (Enter only one cause per one for (o) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the ottendir burial transit permit. minus IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? CAUSES OF DEATH? NO TH YES [ of Health **DIRECTOR:** After this certificote 21n. ACCIDENT WAS UNDERLYING 21b. TIME OF INSURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ь OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, not by medical examiner) detached director, page 3 should be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 10 22a. I certify that (1) (this hospital) attended the deceased from aux Cape. 15 1967, and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased alive on... causes stated above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATOR 22c DATE SIGNED ATTENDING PHYS Coleman MO DEGREE DIRECTOR 22e. ADDRESS SILVER PHYSICIAN'S FUNERAL COLUMBIA BLU SPRING 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL, CREMATION (County) REMOVAL (Specify) Markingto. 0 Olivet Ceretery 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) minaring uer 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07170 DECEASED NAME First Middle 24 haurs after death. Last 2a DATE OF DEATH eath 2b. HOUR pand (Type or print) Month 5 Day 3/ LAWRENCE Year 69 ADOLPH ORTQUIST 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years SE UNDER I YEAR Male last birthday) 2-2-07 6.2 YRS. 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH papers. and campletely filled in burial, crematian, ar remaval, and in any event, within 72 MONTGOMERY WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) WASHINGTON - JAN. + HOSPITA please remave carban during most of working life, even if refired) TAKOMA 13a LSUAL RESIDENCE (Where deceased lived, f institution Residence before 13c (17y OR TOWN 13d INSIDE CITY LIMITS? executed adm ssian) STATE M 136 COUNTY MONTEOMER WHEATON YES W NO 12031 BLUHILL RE 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Lost Lost pe AMIL ORTQUIST LUNDSTRUM 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or, unknown) [ ( ) yes give wer or dates of service) IB CAUSE OF DEATH (Enter on y one cause per line for (a) (b), and (c) ) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by the attendin burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise ta immediate cause (a). be retained by the hospital or attending physician. stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0) D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the stauld be tiled with the State Dept. of Health prarta 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X TO HOSPITAL OR ATTENDING PHYSICIAN: 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Month Day Year OR CONTRIBUTING TT CAUSE OF DEATH HOUR A.M. If either, natify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, EACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a I certify that (I) (this hospital) attended the deceased from (Ann. 23, 1967, to May sow the deceased alive on 19 and that in (my) (aur) opigion death accurred And that in (my) (aur) opinion death accurred on the date and haur and fram the causes stated abave, (1) (we) (aid) (aid not) view the bady after death 226 SIGNATURE MED. DIRECTOR 22e ADDRESS NAME (Type) BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn). (County) (State) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR VR A15 (4 45M



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 20 DATE KNOWN 25 HOUR Year (Type or Print) ESTI-2, and 3 to PM3. Poge LAWRENCE BRUCE OSTERMAN 5 19 60 DEATH MATED 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (in years IF JADER YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD (gst berthday) White 11/28/1964 Jale 12 Year Stote Dead YRS 7a. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH Pages 1, Office olong with form country) Jash., DC U.S. DIVORCED / Montgomery WIDOWED | death 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) H during most of working life, even if ret red.) INDUSTRY Silver Spring Cross Hosp. Give hours ofter 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY YES TY NO T 1607 Peacock Lane ohd 2 ofter in Item 4. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Last Osterman Eva Leonard Horovitz 4 should be forwarded to the Chief Medical Examiner's hours pages Sil. Spring, l.d. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** be executed within (Yes, na, or Jnknown) (If yes give wor or dates of service) Leonard Osterman 1607 Peacock Lane 72 ۵ APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one cause per line jet (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) event A CONSEQUENCE OF DUE TO, OR AS. Conditions, if any, which gave buriol tronsit rise to immediate cause (a). in ony This certificate should the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? pe 5 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth Day, Year 3 should PRIMARY OR CONTRIBUTING MEDICAL 1969 cremation, 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 10CATION Street or R F D No Caunty State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on Inquiry fny opinion director. death resulted from: Natural causes Suicide Undefermined manner Homicide | prior to CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE Heolth **EXAMINER S** MoV 0 of cemetery or cremajory King David 23a 8UR-AL CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Church, Va. 1969 Falls 13. May Memorial Garden | 1250 RECD BY REGISTRAR Buria 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Bernard Danzansky VR A15ME (5) 14th St... Washington.D TOM REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



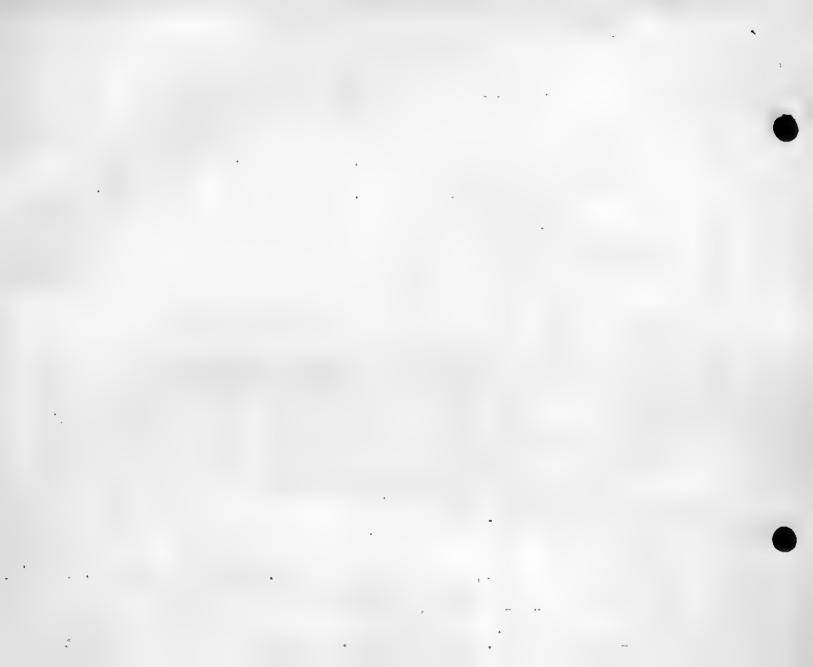
# 1	βt	ems 18-21 Film 413 MARYLAND STATE DEPARTMENT OF HEALTH 3-69 ams Division of Vital RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	D=	07176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07172
HEALTH DEPT.		DECEASED NAME (Type or Print)  REYMOND DUPFY OTTEY  20 DATE KNOWN Month OF EST. DEATH MATED & 5	Day Year 2b HOUR 20 1969 5 75 M
y delay		SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 14 HRS 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MITH Day 20	Year 1969 5 3 M
G Z	70	BIRTHPLACE (State or foreign   76 CITZEN OF WHAT COUNTRY?   8. MARR ED NEVER MARRIED   9. COUNTY OF DEATH   9. COU	if Md
death Africa	10.	CITY OR TOWN OF DEATH    11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even firetired)   Rockville   120 USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN   13 HISDE CITY OF 13c STREET AND NUMBER	12b KIND OF BUSINESS OR INDUSTRY
INER: This certificate should be executed within 24 hours after death se certificate, writing the ward "pending" in pencil in Item 18. Give pages hauld be farwarded to the Chief Medical Examiner's Office along with files 3 should be used as a burial-transit permit. File pages land 2 with the Standian, or removal, and in any event within 72 hours after death.	130	USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN of HISDER CITY CHITS? 13e STREET AND NUMBER Odmission) STATE Md. 13b COUNTY Man 196 mer y Rock 11/12 YES NO 12 12 1811 Two	Brock . Pky
14 hours of them is Office is Office is a street in the interest in the intere	14.	FATHER'S NAME First Maidle Ottey Is. MOTHER'S MAIDEN NAME First (12811) Middle Glema	Maddy
executed within 24 inding in pencil in Medical Examiner's permit. File pages it within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, Nunknown) (If yes give war ar dates of service) 579-36-1674 Kaye M. Ottey (Above addr	033)
be executed wit "pending" in per net Medical Exan ansit permit. File event within 72		18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c))  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)/P+/44/49 Barbiturate poisoning	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
execution median median for period median with the median		DUE TO, OR AS A CONSEQUENCE OF	1% hr.
d be d "po Chief Iransi		Conditions, if any, which gave isset to immediate cause (a) (b) Overdose of barbiturates  Overdose of barbiturates  DUE TO, OR AS A CONSEQUENCE OF	
should be e ne ward "per to the Chief I burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF  (c)	
finath ring th rided t as a as a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.B. TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate should be cate, writing the ward "pi be farwarded to the Chief be used as a burial-transi in removal, and in any eve	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES AND
tNER: The e certifical shauld be files 3 should be a should be files a should be ation, or	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 4:50 PM 5/20 1969  210 EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1  4:50 PM 5/20 1969  Took overdose of barbitura	
EXAMINER: This certificate virte the certificate, writing this age 4 shauld be farwarded to your files Page 3 should be used as a bit cremation, or removal, and	WE	2 d IN.JRY OCCURRED  2 le PLACE OF N.JRY (At hame, form, street, while NOT WHILE NOT WHILE AT WORK AT	County State le Montg.Md.
JICAL EXA Ilease execute director. Page . principle of you DIRECTOR. Page		22o. I certify that a took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry 2 death resulted from: Notural causes , Accident , Suicide X, Hamicide , Undetermined manner	and I I
cessary, ge funeral may be may be refuneral alth prid		ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)	SIGNED 7 21,1969
5 = 2 = 0		BURIAL, CREMATION, REMOVAL (Specify) 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
VR A15ME (5)		FUNERAL DIRECTOR Nalley's Funeral Home Mt. Raini & RECD BY REGISTRAR INC. Maryland DMAY 26 1969 CLICAL	
10/91 KL 7 17:00	-	THIAL B C 1000	



1 ,-1	MARTIAND STATE DEPARTMENT OF HEALTH	1 M 0
FOR STATE 071		173
FOR STATE HEALTH DEPT.  1. DECEASED IN	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  WAME Fish Middle Post / Past KNOWN Month D	V In 1918
ITY 10 BOVI I	(net) Thompson of Esti-	Day Year 2b HOURS
	4 RACE . 9 DATE OF BIRTH 6 AGE is years 1 F JNOER 1 YEAR WHOLE 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
ond 3	Le White Oct. 8,1915 557RS MONTHS DAYS MOUNTS DAY	Year 169 47 M
70 BIRTHPLACE	CENTIFIED OF CHIZEN OF WHAT COUNTRY 8 MARRIED NEVER MARRIED 9 TOWNTY OF DEATH	
tooling)	H. WIDOWED D VORCED DITIONLYOMER	Md Md
with the State Department with the State Department seath.	OWN OF DEATH  11 NAME OF HOSPITA OR INSTITUTION (If no 1 in hospita du 120 USUAL OCCUPATION (Kind of wark dane 12 des 1 in hospita du 120 USUAL OCCUPATION (Kind of wark dane 12 des 1 in hospita du 120 USUAL OCCUPATION (Kind of wark dane 12 des 1 in hospita du 120 USUAL OCCUPATION (Kind of wark dane 12 des 1 in hospita du 120 USUAL OCCUPATION (Kind of wark dane 12 des 1 in hospita du 120 USUAL OCCUPATION (Kind of wark dane 12 des 1 in hospita du 120 USUAL OCCUPATION (Kind of wark dane 12 des 1 in hospita du 120 USUAL OCCUPATION (Kind of wark dane 12 des 1 in hospita du 120 USUAL OCCUPATION (Kind of wark dane 12 des 1 in hospita du 120 USUAL OCCUPATION (Kind of wark dane 12 des 1 in hospita du 12 des 1 in	ZD MAND OF BUSINESS OR IDUSTRY
13a. USUAL RE	EES DENCE AWhere deseased lived, if institution Residence, before 131 CLITY OR TOWN 34 INSINETT MISS? 138 STREET AND NUMBER	1 0000
admiss on)	STATE INCL. 136 COUNTY MONT. Kensinglan YES IN NO 1/209 day	ndy C1.
MINER: This certificate shauld be executed within 24 hours ofter death the certificate, writing the ward "pending" in pencil in learn 8 Sive Pages 1, a shauld be farwarded to the Chief Medical Examiner's Office along with farm riles.  By Shauld be used as a burial-transit permit. File pages land 2 with the State Desmape and in any event within 72 hours after aeath.  MEDICAL (ERTIFICATION   Me Luin (Verholtzer Mary Fec)	PLERLOST	
within 24 pencil in xaminer size pages 72 haurs 72 haurs 179 haurs	ASED EVER IN US ARMED FORCES? 166 SOCIAL SECURITY NO) 17 INFORMANT ADDRESS Silve Unformant ADDRESS SILVE	, 0 -
Exam her Exam		dlwood Rd.  APPROXIMATE INTERVAL
be executed will pending in penief Medical Examination per penit. File event within 72	USE OF DEATH (Enter on y one cause per line for (a). (b). and (c))  ART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Respiratory Failure. Pulmonary Eduma.	BETWEEN ONSEE AND OFATH
Med Med	DUE TO, OR AS A CONSEQUENCE OF	
Condition	ons, if ony, which gove 1 15 cone had the ormanic Can floor to	4days.
P P P P P P P P P P P P P P P P P P P	the underlying couse DUE TO, OR AS A CONSEQUENCE OF	/
shauld be end ward "ber to the Chief I on the Chief I on any even lost	(t)	
PART 2.0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
based os a Barron Arron	Chionic Alcoholism.	Tan Hitanous
This certificate should ficate, writing the ward be farwarded to the Classical control or remayal, and in any certification or remayal, and any ce	TE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
a a a a a a a a a a a a a a a a a a a	FRNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Port 2, Item	YES NO NO
INTRIPER This certificate, writing pt. 12 and 12 an	Y OR CONTRIBUTING HOUR A.M.	. 10 )
2 2 4 5 4 2 10 1NJUI	URY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. Na. City or Town	County State
reacture the certifor. Page 4 should bur al, cremation, bur al, cremation, webstar when the certifore page 3 should bur al, cremation, webstar webstar with the control of the control of the certifore page 3 should bur al, cremation, webstar webstar with the certifore page 4 should be control of the certifore page 4 should be control of the certifore page 4 should be control of the certifore page 4 should be certifore page	K NOT WHILE   factory, office building, etc.)	
TO COLOR TO	20. I <b>certify</b> that I took charge of the remains described above, held on Autopsy 🔀 Inspection 🔀, Inquiry 💢	and in my opinion
blease explease exple	ath resulted from: Natural causes 🔼, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗓	
TITY DICTOR OF THE PRAIL DIRECTOR OF THE PRA	CHIEF MEDICAL EXAMINER	OUT O
SIGNATI	TURE ASSISTANT MEDICAL EXAMINER AS	12,1969
TO DEPUTY DICAL EXAM Decessory, please execute the funeral director. Page 4  5 may be retained for your to FUNERAL DIRECTOR: Page 4  MANNEXA PORT TO BUT TO		12/1/0/
O E = S O = 23a BURIAL. (	CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Congress)	Caunty) (State)
Bu 24 FUNERAL (	AL (Specify)  ITIAL May 14, 1969 Mt. View Cometery Frontitsburg, Frederi  DIRECTOR ADDRESS 1250 RECD BY REGISTRAR 1256 REGISTRAR S VIC	ck Co. Md.
VR A15ME (S) 24 FUNERAL I	DIRECTOR PROJECT Wilson Emmitsburg, Md. DATE 1/1/250 REGISTRAR 5 SIGNATED TO 1/250 REGISTRAR 5 S	NATURE SECTION
10M REV 1/88 W Clar	ence E. Wilson Pant Usburg, Md. DAIE.	



1/ 1	ΙŹt	ems 18-22a Fi'm 413 MARYLAND STATE DEPARTMENT OF HEALTH 12-69 amsDivision of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR STATE	0-	17178 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 D	CEASED-NAME First Modele Lost 20 DATE KNOWN Month Day Year 2b. HOUR OF ESTI-DEATH MATED 5-221959 8:500
ny delay is 2, and 3 to PM3. Poge	3 51	DEATH MATED
s 1. 2,	7o l	IRTHPLACE (State or foreign 7b CTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 COUNTY OF DEATH NOTE OF STATE AND MARRIED 10 ON TROUBLE OF MARR
hin 24 hours after death not in Item 18. Give Pages niner's Office along with fair pages I and 2 w.th the State hours ofter death.		TY OR TOWN OF DEATH Taltoma, Park, a. give street oddress) Loch, 3ch, 3ch, 2 rioch. during gress physicipg life, even if retired.) INDUSTRY
hours arer death Item 16. Give Page Office along with I Land 2 w.th the Stat	0	USUAL RESIDENCE (Where deceosed I very funstitution Residence before 13c. CITY OR TOWN 38 INSIDECTLY . MOIS? 13e STREET AND NUMBER 13b (COUNTY P. 7. S.S. YES NO 1100-C . Limes Road
24 hour in Items r's Office ss I and rs ofter		THER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Lucille Cunningham
within 24 pencul in xominer's ile poges 72 hours		vas deceased ever in U.S. armed Forces?  16b. social security no  17. Informant  Address  Add
INER: This certificate should be executed within 24 hours arier death should be forwarded to the Chief Medical Examiner's Office along with form files.  3 should be used as a burial-transit permit. File pages I and 2 with the State Deation, or removal and in any event within 72 hours ofter death.		APPROX MATE AN INTERPRETATION OF COURSE PORT line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  Multiple extreme injuries with  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate course (o), by exsanguination incurred when struck  DUE TO, OR AS A CONSEQUENCE OF  BUT TO, OR AS A CONSEQUENCE OF  OUT TO, OR AS A C
TO DEPUTY CICAL EXAMINER: This certificate is necessary, please execute the certificate, writing the the funeral director. Page 4 should be forwarded to 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a better prior to burial, cremation, or removal and	MED CAL CERTIFICATION,	196. COND T ON FOR WHICH OPERATION  196. COND T ON FOR WHICH OPERATION  WAS PERFORMED?  20 ALTOPSY?  YES NO   210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBLING B HOURTAL  CAUSE OF DEATH  PM 5-22 19 69  Struck by auto  216. PLACE OF INJURY (An nome, form, street)  WHILE AT WORK AT W
101 5 + 101		BUR AL CREMATON, RIMOVAL (Specify)  23b DATE  5-26-69  23c NAME OF CEMETERY OR CREMATORY Mt. Zion  23d .OCATION (City or Town) Montgomery County  FUNERA. DIRECTOR RODert A. PLITTIPH readdress  250 RECD BY REGISTRAR   25b REG STRARS SIGNAL RE
VR A15ME (5)		FUNERA DIRECTOR Robert A. Pumphreydoress  557-Wisconsin Ave., Bethesda, Md.  250 RECD BY REGISTRAR 256 REGSTRARS SIGNATURE  DAUN 2 1969  Characteristics



s		emb #11m6413 MARYLAND STATE DEPARTMENT OF HEALTH 5/29/69 kkdivision of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE		07179 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07175
HEALTH DEPT.	ì, D	FCEASED NAME   First Middle Lost 20 DATE KNOWN Month	Day Year 2b HOUR
~ 2 & ~	ļ	The state of the s	20 1969 5 BM
and	3 5	lost burgario MONTHS OAYS HOURS MIN Month - Day	Year 20 Find
			Year 1969 5-25M
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= 8/E-18	10 3	ATY OR TOWNSOLD PRATES 11 NAME OF HOSPITAL OR A STITUTION ( f. not in hospital 12g. J. A. OCCUPATION (Kind of work done )	2b K ND OF BUSINESS OR
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haurs Item 1 Office 1 and 2		FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
24 haurs in Item 1 ir's Office es Land2		UNKNOWN	
with n 24 pencil in caminer's le pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown) (II yes give wor or do'ts of semile) (15 COLLA SECURITY NO 17 INFORMANT 2008 Port 20	Dwissa 21207
		NO 106-10- /3 7 Richard M. Elworthy 2000 replan	APPROX.MATE HTERVAL
be executed wir "pending" in pe nief Medical Exar ansit permit. File event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) COFORDING OCCIUS is 17 Beute-	BETWEEN ONSET AND OFATH
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per per per principal prin		Conditions, if any, which gave ) COTONDEY AFTERIO Sclerosis -	40215
should be en word "per in any ever		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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	EDICAL C	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19	11 10.9
KAMINER: te the certi ge 4 shauld your files. 'age 3 shau cremat.on,		21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No City or Town	County State
EXAMINER up the cer age 4 shau in your files. Page 3 shau i, cremator i, cremator i, cremator i, cremator i,		WHILE AT WORK AT WORK AT WORK AT WORK	
ICAL E Executor. Paged for CTOR: F burial,		22a. I certify that I taok charge of the remains described above, held on Autopsy 🔀 Inspection 💢 Inquiry 🗵	ond in my opin on
		deoth resulted from Noturol couses 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner (	
		ACTUAL CHIEF MEDICAL EXAMINER   22b. DATE S  ACTUAL  A	SIGNED
0.02		SIGNATURE  EXAMINER'S  DEPUTY MED.CAL EXAMINER  M D  ASSISTANT MEDICAL EXAMINER  M D  ASSISTANT MED  A	21,1969
TO DEPUTY necessary, I the funeral 5 may be r TO FUNERAL Health print	L	NAME (Type)  ADDRESS(Street, city, tawn, ar county)	<del></del>
5 2 4 2 E	230		(County) (State) ward Md.
OK	_	REMOVAL (Specify)  Way 23, 1969 Meadow Ridge Cemetery  Ho  FUNERA, DIRECTOR  ADDRESS   250 REC D BY REGISTRAR   25b REGISTRAR   55	
VR A15ME (6)		ring Byers Chapel 8728 Liberty Road 21133 DATMAY 2 3 1969 YCLIAN	Can Jacobak
ow ker wad		Randallstown, Md.	11



							E DEPARIMENT OF				
-			07180	DIVISION	OF VITAL RECORDS		PRESTON STREET, BA		RYLAND 21201	(1) 1997 or 2011 or 10	
			07100			CERTIF	ICATE OF DEATH			07176	
	± −2±		CEASED NAME Firs		Middle		last	2a DATE OF		.,	2b HOUR
	er death funeral 1 and 2 er death.	(1	ype or pnni) H.	4RRY	PET	ER	PALEOLOGOS		Month Doy	Year 1969	9:35 M
	P 3-1-	3 SE		4 RACE			5 DATE OF BIRTH		6 AGE (In years	IF UNDER I YEAR	F UNDER 24 HRS
	s of some		MALE	W	HITE		2-23-92		last birthday) YRS.	MONTHS DAYS	HOURS MIN
٠,	hour hour	7o 1	BIRTHPLACE (State or fore an	YE CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D 🔀 NEVER MARRIED	9 COUNTY OF	DEATH		
		caur	FUROPE	AMER	IOAN	WIDOWE		MONTE	OMERY,		Md
	filed filed filed	10 C	ITY OR TOWN OF DEATH		I. NAME OF HOSPITAL OR	NSTITUTION (+		SUAL OCCUPATION	(Kind of work done	12b KIND OF BI	JS:NESS OR
	agaires that the death certificate be executed within 24 objection. Signed by the attending physician and completely filled burial-transit permit. Then please remave carban pape burial, crematian, or remaval, and in any event, within 75 objections.	7	AKOMA PAR		ive street pddress) NASHING TON	SAN.	V HOSP. during	have all working	ife, even it refired)	INDUSTRY	
	ed o	13a	USLA_ RESIDENCE (Where dece	sed lived, if inst	titut an Residence befor	e 13c, CITY			REET AND NUMBER		
	company of the compan	domi	ssian) STATE HARYLA	MI ISO COOM	MONTGON	ery	S.S. YES	and the second state of the	INDIAN S	PRING_DR	
	on became and company	14 1	ATHER'S NAME First	Middl	7		IS MOTHERS MAIDEN NAME	First	Middle		Lost
	be n al		PETE		PALEOL			MARIA	2	BAI	8815
	e death certificate b attending physician permit. Then please an, or remayal, and i	160	WAS DECEASED EVER IN U.S. AF es, no (grunknown)   1 (fyrs gree	MED FORCES? war or dates of service	16b SOCIAL SECURIT	Y NO 17	INFORMANT		Address		
	ohy sen g		7/16		579-18	7/72	HOSPIT	TAK KE	ZORD, TAKE		K, 190,
	ng I		18 CAUSE OF DEATH (Enter of	nly ane cause pe	er line far (a), (b) and (	())		11- 1/5-		APPROXIMA BETWEEN ONS	TE INTORVAL ET AND DEATH
	affendu permit.		PART 1. DEATH WAS CAUS	ED BY. IATE CAUSE (a) _	ACUTE	- 66	NOESTIL	16 14ER	T FAILUI	CO HOL	VKS.
	atte atte perr		4/23		OR AS A CONSEQUENCE C	F	110 1111-	7 4 4 5 4 3			
	the the sit punction		Conditions if any, which gove rise to immediate cause (a)	(b)_	1310	NC.	MOINEU	HOM	A	nap	5
	s that thereon. d by the thronsit, cremat		stating the underlying couse		OR AS A CONSEQUENCE C	)F		11000		1.	·
	edgires ma physician signed by burial-tran		last	) (t)_	PARTE	12/0	6660110	MEAN	VIXINS	E //	5_
			PART 2 OTHER SIGNIFICANT CO	NOITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL DISEASE C	R COND TION GIVE	N IN PART I(a)	DOILA	1-11
	w Hing	8	(	LERE	-BRAC	_41	TERIOS	C 6-18	75/5· 1	110/4/	(6)
	e lo fence fence los bus perios	Ę.	190. DATE OF OPERATION 198	. CONDIT ON FOR	WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	CALISTS	YES, WERE FINDINGS OF DEATH?	ONSIDERED IN CER	TIFYING
	ATTENDING PHYSICIAN: The law retained by the haspital or attending ECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. of Health prior to	CERTIFICATION	A CORPUS MAS INDOCATE	110		10.	YES NO	المسل			
	AN: olo icate for Hea	CAL CI	210 ACCIDENT WAS UNDERLY TOR CONTRIBUTING CAUSE OF DE		E OF INJURY .M. Manth Day Yes		HOW INJURY OCCURRED (Er	iter nature of inju	ry in Port 1 or Part 2, 1	tem 18.)	
	SICE SPITCE SPIT	EDIC	(If either, natify medical exan	nner) P	.M.	19					
	PHYSICI e haspit nis certif ntached Dept. af	2	21d INJURY DCCURRED 21	PLACE OF INJU	RY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.	ACTORY ) 21F	LOCATION Street or R F D	No. City	or Town	County	e1o12
	the det			1 1 1 1		1.6	5 / K / / / 10	//	11011 - 0 10	/ / II . /	11. 4 . 1. 4
	by be Sta		220. I certify that (I) (t saw the deceased	his hospitol)	oftended the deced	sed from_	and that in (my) (our)	60_, 10/	977 20 , 19	to and hour of	(we) lost
	ned ned the		couses stated above	re, (1) (we) (d	id) (did nat) view, th	e body afte	er deoth.	pinion acom	accorred on the do	ie ond noor o	and thom tile
	R ATTENDIN retained by RECTOR: Affer 3 shauld be with the Sta'		226 SIGNATURE	111	11	1.10	NO.	1160		DATE SIGNED	/.
	OR De T		/ Mare	4/	7- A.M.	ACCIONO	GREE PHYS	DIRECTOR -	PHYS D 5	-/2//	69
	AL COY		22d CHYSKIANS NAME (1984) DSE	10 7 L	1 0001	1 111	22e ADDRESS	10011	16 151		who we
	SP11 4 m IER/		MARKET PE	9/ /7	to CAIOL	LMM	1100	7/1/12	0 911	SILVE	A SIKIKA
	Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to	23a	BURIAL CREMATION, 23b	DATE	23c NAME C	F CEMETERY I	OR CREMATORY	23d IDCAT [	ON (City or Town)	(Caunty)	(State)
	5 5 5 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	OSMOYA (Specify) 2	1/AY 19		WOOD	CEMETERY	WASHI			
	VR A15 (4) 45M 1 / 69	24	FUNERAL DIRECTOR	11:	ADDRE	22	ALLAN	BY REGISTRAR	2Sb REGISTRAR S	S GNATURE	
	45M 1/69	16	NALDI TUNERAL	HOARE M.	ItOS CA. HVE.	NW.	1 20012 DAMAY	2 3 198	Co	A June Co	738



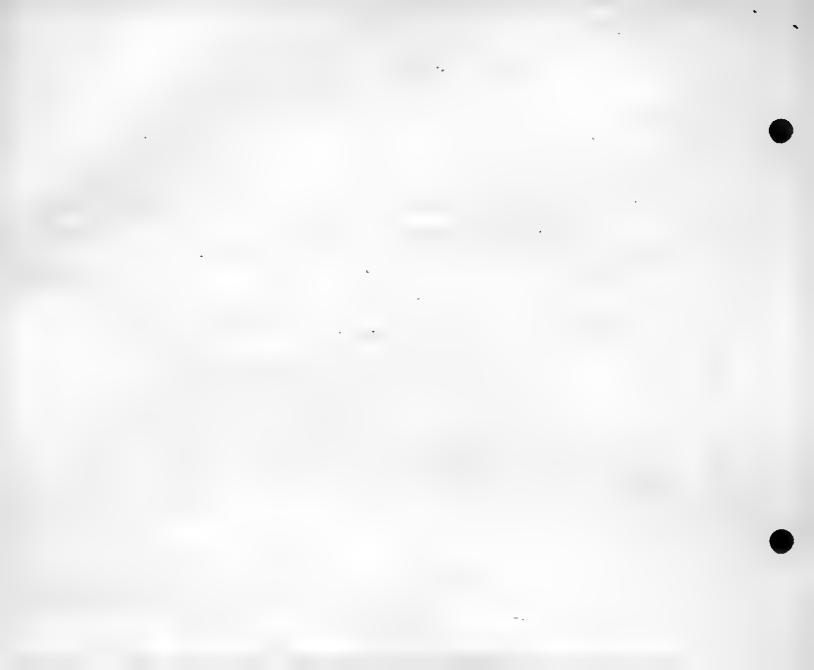
- 4	_ 1					D STATE DEPAI					
-			07181	DIVISION	OF VITAL RECORDS,			imore, mai	RYLAND 21201		
1			111107			CERTIFICATE (	OF DEATH			07177	1
	# / E 7 E		ECEASED NAME First		Middle	Last		2a DATE OF	DEATH Month 21 Day	60v	2b HOUR
	death death	(1	Type or print) Ray:	nond	Clay	Park	cer	7	Month ZI Day	Doreor	10A-M
	niter hi fu ge affrer	3. SE	X	4 RACE		S. DATE	OF BIRTH		6 AGE (In years		F JNDER 24 HRS. HOURS M.N
-			Male	1	Negro	Mar	rch ?, 18	93	lost birthday) 76 YRS.	WOULE? OVI3	IVANCS   BI-N
	haurs rs Po hours	7a I		b CITIZEN	OF WHAT COUNTRY?	8 MARRIED NEVER	R MARRIED .	9 COUNTY OF	DEATH		
	4	Je	efferson, Va.	US		LBq.Rf	DIVORCED 🗀		Montgom	ery	Md
	e executed within 2 and campletely filled remave carban pap n any event, within	10 (	CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS give street address)	TITUTION (If not in hosp	ital 12a USU/	AL OCCUPATION	(Kind of work done life, even if retired.)	125 KIND OF BU	JS:NESS OR
	Page /	_	Vheaton		<u>University N</u>		าย ไก	nitor		INDUSIKI	
	plet car		USUAL RESIDENCE (Where deceased ission) STATE	ved/if i		13c CITY OR TOWN	13d INS DE CITY .		REET AND NUMBER		
	cam dve y ev		Ualia	I V		Washingto	,,,		.9 Foote St	., N.E.	
	and rem	14. 6	FATHER'S NAME First	Mic	ddle Last		S MAIDEN NAME F		Middle		Last
	be se l		Sandy		Parker			Unknou			
	irhiscate b Ilhysician en please aval, and i	16o. Y	WAS DECEASED EVER IN U.S. ARME (es, no or unknown) (1 yes give wor		ora)	-V 011	000		Address	115	18
	irthfi iihy en aval				197-07-67	98 4866	mf. Illi	PUL 4	119 704	APPROXIMA	4
	ing ing		IB. CAUSE OF DEATH (Enter only PART ), DEATH WAS CAUSED	one couse	per ine for (a), (by and (c)	1111 0. 10	N S.I.			BETWEEN ONS	T AND DEATH
	end mit.			E CAUSE (a)	HIERRE V	up carour	I maen	- W 89		nu	(34)
	aff per ian,		1	DUE TO	OR AS A CONSEQUENCE OF	11/1	/			120	. /
	at the the nsit mat		Conditions, if any, which gave a rise to immediate cause (a),	(b	Ily Cordia	: siseffe	e con la			6 111	W-7-
	that the death cerion.  I by the attending pricansit permit. The tremation, or remain.		stating the underlying cause	DUE TO	OB AS A CONSEQUENCE OF	En/ 1 65	10.56	Maria		150	
\	equires the physician. signed by burial-frai		lost	(0	My series	Ay reason	wergen	177138		1, 1	
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1/	ar aftending ar aftending ite has been use as the solff priar ta	CERTIFICAT	TYG DATE OF OPERATION TYPE CO	וז מטוווטמן דו	OK WIT CH OPERATION WAS PE		S NO	- CALLEGE	OF DEATH?	JNSIDEKED IN CEK	IITING
	F : Ta sa	EXI	21g. ACCIDENT WAS UNDERLYING	216 1	IME OF INJURY		1040		ry in Port 1 or Part 2, 1	tom 19 )	
	IAN fical for for He		OR CONTRIBUTING CAUSE OF DEATH	HOUR	A.M. Manth Day Year		I OCCURRED (EINE	Harole as IIIqu	γ III FOIL ? αι FαΙΙ 2, 1	I dist 40 )	
	HYSICIAI haspital certifica sched fa	MEDICAL	(If either, notify medical examine 21d, INJURY OCCURRED   21e, P	r) Lace of In.	P.M. 15		Street at R.F.D. No	filu	or Town	County	\$tate
	PH) e ha his a his a Dep		While Not while	DICE OF III.	JURY ( AT HOME, HARM, STREET FAC OFFICE BUILDING, ETC	Jan Location	Silver di K.i D. No	/	. 1	County	1.010
	by the firer this be deta		22a. I certify that (1) This	Nosnital	ottonded the decease	od from	1 19	7 to C	7/2/ 10	that /	I) (we) tast
	Affin Affin Strain Stra		sow the deceased all	vé an		% and that is	n (my) (aur) api	nion death A	ccurred on the da	te and haur a	nd from the
	OR: ault		couses stated above,	(I) (we),	(did) (did not) view the	body after deáth.		/		<u></u>	
	OR ATTEND be retained DIRECTOR: A ge 3 shauld ed with the		220 SIGNATURE	_/	1)	/ ATT	ENDING N	IED.	STAFF 22c I	DAYE SIGNED	
	DIR be		dilen	33	and	DEGREE PHY	rs. La D	IRECTOR L	STAFF PHYS. D	11/00	
	SPITAL 4 may NERAL far, pag Id be fi		22d PHYSICIAN S NAME (Type)	グル	20-10-10-1	22e	APPRESS	111 01	11/11/11/11	nen/h	1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban posses shauld be filled with the State Dept. at Health priar to burial, cremation, or remayal, and in any event, within the state Dept.		CUROUSE		PATUQUE)			10 10	10.00. (	MAGNO	
	Page direct shaul	230	BURIA., CREMATION, 23b Di REMOVAL (Specify)	54-6	C 23c NAME OF	CEMETERY OR CREMATO	PRY	23d LOCAT C	N (City or Town)	(County)	(State)
	5 5 0	24	FUNERAL DIRECTOR, 7:	17-10	ADDRESS	mary	2So RECD B	V DECKTOAD	25b REGISTRARS	COMATHDE	
	VR AVEX	24	I A S A S	W	August Dungs						
	DA TANION		19 20 1	1200	x men	K-	DATE	2 6 196	NEWSON DE	lan Juda	No.



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1	<b>T</b>	07182	PLAISION OF	F VITAL RECORDS,	SUL W. PRES	TE OF DE	I, BALIIMOK E <b>ATH</b>	E, MAKILAND ZIZ		7178	
	T.:	tems#?3a,thru,	d ocshiti	Middle	ENTITION	Last	-AIII	DATE OF DEATH		1240	2b. HOUR P
Beath.		ype or print)			Dan			Month May	Day 10	1969	10:35M
a de la de	3. SE	Sam	A. RACE	(none)		rker, J					IF UNDER 24 HRS.
2 8 5		Male	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Negro			ry 1938	6. AGE (in yet last birthdoy	YRS. MC	ONTHS DAYS	HOURS MIN
S 20 20	7o. E	IRTHPLACE (State or foreign	76, CITIZEN OF V		8 MARRIED X			INTY OF DEATH	1103.		
executed within 24 haurs "filling and campletely filled in by the following event, within 77 haup affer any event, within 77 haup affer	caur	rth Carolina	US	A	WIDOWED [	DIVORCED		Montgo	nerv		Md.
illed pap pap	ID. C	ITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR INS	TITUTION (If not in	hospital	12a USUAL OCC	JPATION (Kind of work	dane	12b KIND OF B	USINESS OR
ely f		Bethesda	4	ne Clinical	Center	, NIH	Driver	working life, even if rei Messenger	ired )	INDUSTRE	
plets carl	13a.	USUAL RESIDENCE (Where deced		utian; Residence before			INSIDE CITY LIMITS?	13e STREET AND NUM			17
dove y ev		ishington, D.C	• Y		Washin	Pagir	S NO 🗆	5011 12th		et, N.	
nd rem	14. 8	ATHER'S NAME First	Middle	Last		OTHER'S MAIDE	N NAME First	Mi	ddie	Par	last
an a sse	16.	Sammie	MED FORCES	Parker,	51°+	DMANT ITTO		1 Record Add	drace	rar	ker
certificate be g physician ai Then please r maval, and in	100. Y	WAS DECEASED EVER IN U.S. AR es na, ar unknown) (If yes give NO	war or dates of service)	245-54-63				er, NIH, B		da. Ma	bre fvr
A A The Hall have		18. CAUSE OF DEATH (Enter of				O-L-E-I-L-C	-CLL CCITO	01 ) 11211 2	0 440 5	APPROXIM/	ATE INTERVAL
ding ding		BART I DESTU MAC CAUC	ED DV.	Intracere		annalan a				3. da	SET AND DEATH
deo deo n', ar		0.5 / IMMED		AS A CONSEQUENCE OF	oral Hen	meruag	<u> </u>	-		3.46	
the of the attick		Conditions, if any, which gave	1 113	Chronic m	velogeno	ous leu	kemia			1 ye	ar
hat n. sy tl ans rem		rise to immediate cause (a), stating the underlying couse		AS A CONSEQUENCE OF							
res t sicio ed l al-tr		last.	) (c)								
faw requires that the death certificate be executed within 24 lending physician.  s been signed by the attending physician and campletely filled in as the burial-transit permit. Then please remave carban paper or the burial, crematian, ar remaval, and in any event, within 77		PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIB	BUTING TO DEATH BUT NO	OT RELATED TO TH	ie terminal di	ISEASE OR CONDITI	ON GIVEN IN PART 1(a)			
W ra ling een the r ta	8					OD 1.170 D.11		206 IF YES, WERE FIN	DINCE COL	ICINEDED IN CE	DTIEVING
G PHYSICIAN: The faw re the haspital ar attending this certificate has been detached far use as the te Dept. af Health priar ta	CERTIFICATION	190. DATE OF OPERATION 191	CONDITION FOR W	HICH OPERATION WAS PE	GEORMED	2Do. AUTOPSY	NO 🖂	CAUSES OF DEATH?	Yes		TITTING
alth use	ERTI	21a. ACCIDENT WAS UNDERLY	NG 216 TIME	OF INHIBA	21c HOW			e af injury in Part 1 or			
IAN fical far far		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	. Month Day Year		nook yetok	KEO (EIIIOI IIIIIOI	2 21 11 20 7 11 1 20 7 7 97			
OR ATTENDING PHYSICIAN: The be retained by the haspital ar afte SIRECTOR: After this certificate has le 3 shauld be detached far use a ed with the State Dept. af Health pr	MFD-CAL	(If either, notify medical examinated NSURY OCCURRED 21-		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		ION Street or	r R.F.D. No.	City or Town		County	Stote
JING PHYS by the has frer this ce be detache State Dept.		Willing Holl setting			1			·			
State		22a I certify that (X) (t saw the deceased causes stated abar	his hospital) at	tended the decease	d from 8	May	_, 19 <u>69</u> _,	to 10 May	_, 19_6	9_, that	(X) (we) last
END ed bed bild the S		saw the deceased	alive an _10	May I	9 <u>69</u> , and th	not in <b>zkraz</b> j: ( ith	(our) opinian	death occurred on	the dote	ond haur a	nd from the
OR ATTEND be retained DIRECTOR: A je 3 shauld ed with the		22b SIGNATURE	e, M (we) (uic	// CHARLES THE THE	DOUT GITOT GOO				22c DA	TE SIGNED	
OR OR Se re		Poto	En (0.	Buck	MUSDEGREE	ATTENDING Phys.	☐ MED DIRECTO	R STAFF X	11 1	May 196	9
AL D		22d. PHYSICIAN S				220 ADDRESS	The Cl	inical Cen	ter,	Nation	al.
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta		NAME (Type) Peter						f Health,			
HO age FUT	23 a	BURIAL, CREMATION, 23b	May 15,	23c. NAME OF	CEMETERY OR CRI			LOCATION (City or Tow Bahama		(County)	(State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			* 1,y L )	ADDRESS					ISTRAR'S SI		
VR A15 (4) 30M REV 1/68	U	funeral director ones & Sons,Fl	lis 0.,	415 Down S	t., Turha	m, N.O	MAY 1 5	1969	2-22	10 medi	2



17/		HAIE DEPARIMENT OF HI		
07183	DIVISION OF VITAL RECORDS, 301	TIFICATE OF DEATH		
1. DECEASED-NAME	First Middle	last	20. DATE OF DEATH	
Storing by the Store of Conditions of Other Part 1 December 1 Consistency of Conditions of Condition			Month Day	Year 2b HOUR P
3. SEX	Miller Vernon	PARSONS	May 11	69 1130M
D 3. 36A		S. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HRS
Male	Caucasian	Nov. 14, 18		
7a. BIRTHPLACE (State or country)		ANTOCO (24 HELEK MAKKICO)	COUNTY OF DEATH	
Ohio		DOWED DIVORCED	Montgomery	Md.
Bethesda	give street address) Naval	Hospital duning (705	OCCUPATION (Kind of work done	INDUSTRY N/A
Todmission) STATE	13b. COUNTY	CITY OR TOWN 13d INSIDE CITY LIMIT		D1
Mary land 14. FATHER'S NAME	Montgomery Be	15 MOTHERS MAIDEN NAME Firs	- 14100 Greuntoov	
15. IMHER 3 HAME	_		f Middle	Last
16a, WAS DECEASED EVER		Mary Mary		Miller
Yes, na, ar unknawn)	I fives give wor or dates of service)	betnesu		
- Yes		Mrs. Naomi Parso	ns, 4706 Glenbroo	k Parkway
PART 1, DEATH	H (Enter only one cause per line far (a), (b), and (c).) WAS CAUSED BY:			BETWEEN ONSET AND DEATH
11/10	IMMEDIATE CAUSE (a)CONGESTIVE_N	eart failure		
16a. WAS DECEASED EVER Yes, na, or unknown) Yes  18. CAUSE OF DEAT PART 1. DEATH  Conditions, if ony, v rise to immediate stoling the underly last.  PART 2 OTHER SIGN  79a. DATE OF OPERATI  21d. INJURY OCCURE White Or course suring men 22d. I certify the saw the de causes stot 22b SIGNATURE  22d. PHYSICIAN'S NAME (Type)  23a BUR AL (REMAT ON, REMOVAL (Specify)	DUE TO, OR AS A CONSEQUENCE OF			
rise to immediate	rouse (a), (b) COPOTIATY STATE	ry disease		years
stating the underly last.				
1—	(c)	LATER TO THE TERMINAL DISEASE OR OR	DOTTON OTHER OF BARY IS	
TAKE 2 OFFICE SION	INCANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RE	UNIED TO THE TERMINAL DISEASE OR CO	NUMBER IN PART I(0)	
.90. DATE OF OPERATI	ON 19b. CONDITION FOR WHICH OPERATION WAS PERFOR	MED 20a, AUTOPSY?	20b. IF YES, WERE FINDINGS CON	CIDCDED IN CENTURALS
.90. DATE OF OPERATI	ON THE CONDITION OF WHICH OF CRATION WAS I ENTOR		CAUSES OF DEATH?	DIDERED IN CERTIFIANG
210. ACCIDENT WAS	UNDERLYING 216 TIME OF INJURY	- 4780	nature of injury in Part 1 or Part 2, Ite	- 101
	CAUSE OF GEATH HOUR A.M. Month Day Year	ZIC. NOW INJUST OCCURRED (ERIEST	rature at injury in Part 1 of Part 2, 1te	m 18.3
☐ OR CONTR BUTING ☐ (If either, natify med 21d. INJURY OCCUR	tical examiner) P.M. 19 218 PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,	21f LOCATION Street or R.F.D. No.	/	
While Nat while	COTTLE BUILDING, ELL		City or Town	County State
22a. I certify th	at (*) (this haspital) attended the deceased from the ceased alive an May 11 196 ed abave, (*) (we) (did) (dicknot) yiew the bady	om March 14 , 19 6	9 , to May 11 , 19 6	9_, that ₹() (we) last
causes stat	ed abave. (H) (we) (did) (did not) view the bady	z, and mar in ( <del>nep</del> ) (dur) apini rafter death.	ian aeath accurred an the date	and haur and tram the
22b SIGNATURE	V3 ()		22∈ 0.4	ATE SIGNED
1 2	m feveran	DEGREE PHYS DIR	STAFF COL	12_1969
/ 22d. PHYSICIAN'S		22e ADDRESS	T MAY	12, 1969
NAME (Type)	E. M. JEWUSIAK, M. D	Naval Ho	snital Bethesda.	Mary land
23a BUR AL, CREMAT ON,	23b DAYE 23c NAME OF CEME		23d LOCATION (City or Town)	(Caunty) (State)
Burial (Specify)	m n m co		Arlington	Va.
24. FUNERAL DIRECTOR TO	obert A. Pumphrey Fufferal			GNATURE
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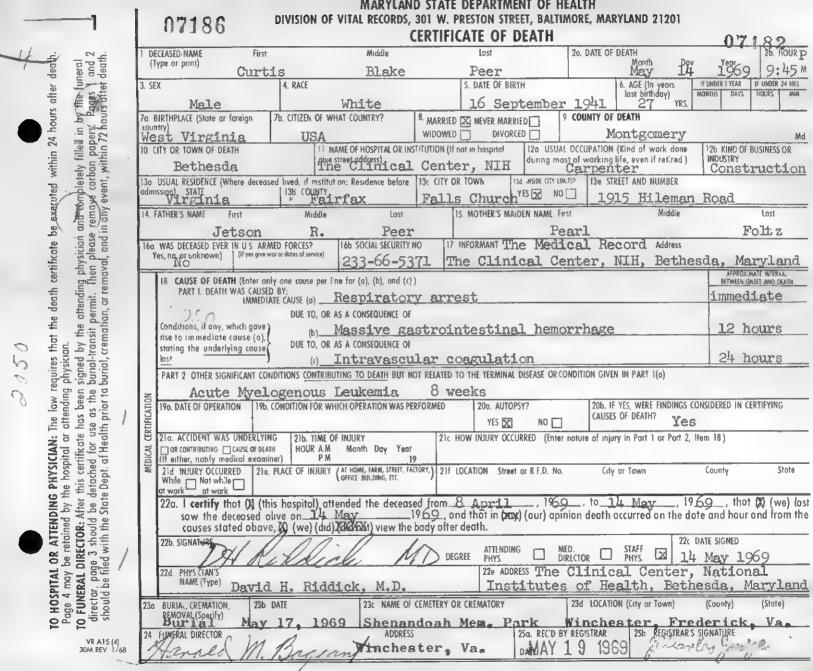
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07180 DECEASED-NAME First 20. DATE OF DEATH Pages 1-and 2 outs they death. 2b. HOURA M executed within 24 hours after death. (Type or print) Baker Herba Patterson Mav 4 RACE S. DATE OF BIRTH 3 SEX 6 AGE (in years IF UNDER 1 YEAR last birthday) 26 September 1897 Female White 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED TO Alabama signed by the attending physician and completely filled in burial-transit permit. Then please remave carban papers, burial, crematian, or removal, and in any gvent, within 72 th USA WIDOWEDAS DIVORCED [ Montgomery 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USJAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The Clinical Center, NIH during most of working life, even if retired.) Bethesda 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 136 COUNTY YES NO 📑 1311 12th Avenue Tuscaloosa 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First H. Baker Mahuldah Spradling Herbert requires that the death certificate 17 INFORMANT Bethesda, Maryland Address 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 579-60-5456 The Medical Records, The Clinical Center. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (c)
Probable BETWEEN DISET AND DEATH Probable Gram-negative sensis 24 hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) Bronchopneumonia, bilateral days rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF small bowel Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse () ? metastatic breast ca., right adrenal gland &/ months PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART NO. O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to Acute Granulocytic Leukemia 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO [ YES 🛐 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. 218. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F. LOCATION Street or R.F.D. No. 21d. INJRY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (b) (this haspital) attended the deceased from 23. February, 19.69, to 2 May 19.69, that (0)c(we) last saw the deceased alive an 2 May 19.69, and that in (100) (our) opinion death occurred on the date and hour and from the couses stated above, (4) (we) (did) (account) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF X 2 May 1969 DEGREE 22e ADDRESS The Clinical Center. National NAME (Type) David H. Riddick, MD. Institutes of Health, Bethesda, Md. 23d LOCATION (City or Town) 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE Elmwood emetery Birmingham, Alabama 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE JOSEPH GAWLER'S SON, INC. ADDRESS 25o. REC'D BY REGISTRAR VR A15 (4) W Ken for loader 1969 5130 WISC. AVE., N. W. WASH., D. C. 20016 30M REV 1/68



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<b>5</b> #	作者を	MEDICAL	(If either, natify medical exc	iminer) P.M.	ì					
LY S	che pt.	*	21d NUMRY OCCURRED 2	le. PLACE OF INJURY	AT HOME, FARM, STREET FAI	TORY.) 21f. LOCATION Street	ar R F.D. Na.	City or Town	County	State
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MAKTLAND STATE DEPAKTMENT OF HEALTH



1.4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician director, page 3 should be detached for use as the burial-transit permit. Then pleas should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and	MED		tote
DING J by t After J be c		22a 1 certify that (I) (this-hospital) attended the deceased from 7.5 2, 19, ta 7.74 7, 1969, that (I) (we saw the deceased alive on 7.74 7, 1967, and that in (my) (est) opinion death occurred on the date and hour and from	) last
END Jed W. A Wild the		saw the deceased give on	m the
ATTER retaine ECTOR: 3 should with th		226 SIGNATURE // 22c DATE SIGNED	
OR be r DIRE		DEGREE PHYS DIRECTOR PHYS 17/1/196	
HOSPITAL OR ge 4 moy be FUNERAL DIR irector, page 3		22d. PHYSICIAN'S NAME (Type)  22e. ADDRESS 1/3/ UNIVERSITY BLUD WI, S.S.	180
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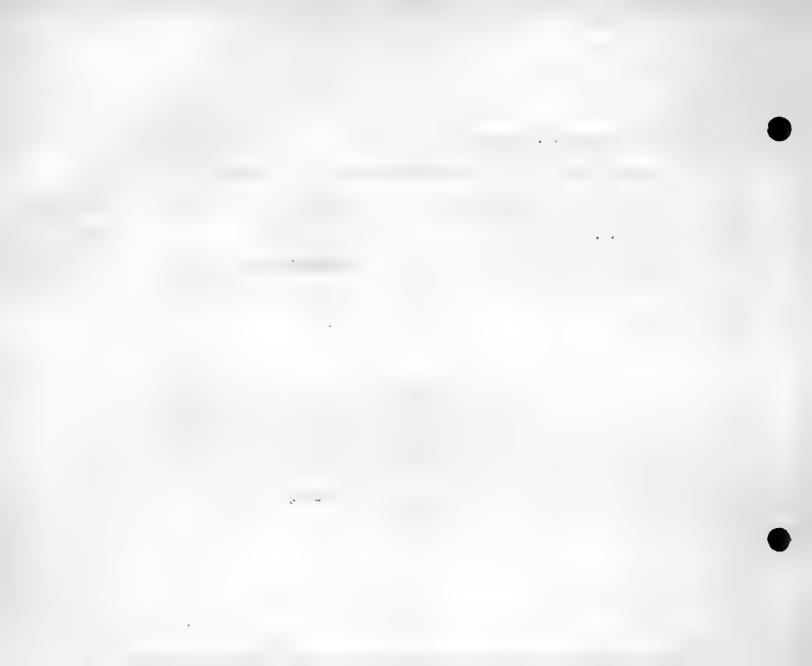
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		-	OP 1 O1 DIVISION OF VITAI	. RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE, MARYLAND 21201			
,,	•	CERTIFICATE OF DEATH						
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<u></u>	ely fill bon p withi	F	eHesda give street ad	* Lebucban	120 USUAL OCCUPATION (K nd of work done during most af warking life, even if ret red )	12b KIND OF BUSINESS OR INDUSTRY		
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OD ATTENDING DUVICIAN. The Janu requires that the death contringts he was ted outling of hours disc	In a superior of the death terminals be executed within 24 hours uned for aftending physician. It is a superior and completely filled in by the further use as the buriol transit permit. Then please remove ration, popers ( Pages ) Health prior to burial, cremation, or removal, and in any event, within 72 hours after the superior of t	16a Y	AS DECEASED EVER IN S. ARMED FORCES?  no, optunknown) (1/10/5 give 1/01 option of pervice) //	OCIAL SECURITY NO 17 INFORMANT	Betta PHILLIPS - S	AME AS# 13		
5	The Paragraph		AUSE OF DEATH (Enter only one cause per ne for (	a), (b), and (c))		APPROX MATE INTERVAL BETWEEN DISET AND DEATH		
4	andin nit.		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	abolic ALKALOS	75	DE PAREN DAST AND DEATH		
7	affe on, o		DUE TO, OR AS A COL					
4	sit I		anditions, if any, which gave se to immediate cause (a), (b)	onary edema and cong	gestion			
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9	sici sici		st. (c) Gast	ric hemorrhage, diff				
Š	Physical Phy		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL D	SEASE OR CONDITION GIVEN IN PART I(a)			
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ž	or or or leaff		a ACCIDENT WAS JNDERLYING 21b. TIME OF INJURY ]DR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Mant	27E HOW INJURY OCCUR	RED (Enter nature of injury in Part 1 or Part 2,	Item 18.)		
Š	Tage 1	MEDICAL	either, notify medical examiner) P.M.	19				
PHY	To FUNERAL DIRECTOR: After this certificore has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	W	Id NJJRY OCCURRED 21e PLACE OF INJURY (AT HOME OFFICE E	FARM, STREET FACTORY ) 211, LOCATION Street of	or R.F.D. No. City or Town	County State		
N. C.	ter ter tate		2a. I certify that (I) (this hospital) offended	the deceased fram 5-15		65_, that (I) (we) lost		
2	ed the state of the S		sow the decensed alive on C-/S	75 19 and that in (my)	(our) opinion death occurred on the de	ate and hour and fram the		
	tain though		causes stated above, (1) (we) (did) (did no	or) view me body after deam.		DATE CLOSED		
	REC 13 s d wi		John Robert	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	DATE SIGNED		
	tile on the second		Pd. PHYSICIAN'S	1/1 22e. ADDRES	BIRECTOR - FILID, -	7		
O HOSBITAL	A moy NERAL tor, pag		NAME (Type) LULINO, KODDEN	M.D. 10400 (	ONNE I CUT AVE PENSI	N916N MG		
3	Poge 4 r	23a.	URIAL CREMATION 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCAT ON (City or Town)	(County) (State)		
5	2 2 2		EMOVA (Spec ty) 5/19/69  NERAL DIRECTOR	CEDAR HILL CREMA		190.		
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	haurs s s hours	7a	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER	MARRIED 9 COL	INTY OF DEATH		
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	omp ve ve	100	nission) STATE	Montgomery	Silver Spri	YES NO	910 South Be	least abent	
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	e ( tren as as priv	1 3	170. DATE OF OPERATION 17	B. CONDITION FOR WHICH OPERATION Y		AUTOPSY?	20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING	
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	OR of the control of		couses stated abo	<b>ve</b> , (1) (we) (did) (did nat) view	the body ofter deoth.				
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	ed Sep			MICUUSH	DEGREE PHY	NDING MED DIRECTOR	STAFF PHYS	5-4-69	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The aw requres the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-trans, shauld be filed with the State Dept. af Health priar ta burial, cree		NAME (Type) / B	KAHAM W.	1) ANISAT	1106 >	801NS >	7 - 3 -	
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	VR A15		FUNERAL DIRECTOR		DRESS	25d REC'D BY REGIS			
	45M - 1X69	7	. J. Collins	500 Univ. Blvd. 1	V. Sil. Sp. Mo	d. DATMAY 7	1969 Milian	Pay Judge	



. 1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7189
FORESTATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 D	Type or Print)	Doy Year 2b HOUR
Poge 18	,	Type or Print) Mary Vanleen Pilson DEATH MATED \$5	25 196925M
P 2 2 4	3 5	EX 4 RACE DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MAN MARRIED	2d. HOUR
ny delay 2, and 3 PM3 Po		Fe- w. 10/11/32 Johnson Months Dars Hours Min Month 84 Day 26	Year 19 69 7 75 M
A)		BIRTHPLACE (Stote or foreign 7b (ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9 COUNTY OF DEATH	
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Paga Ith Sta	10 (	ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
ter death Give Pages ang with far th the State	L	13eThesite 6800 Wis ave In Jown More) Housewife	Home
after death  8. Give Pages along with fa with the State eath	13a	USUAL RESIDENCE (Where deceosed lived, finistrution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER dmiss on) STATE 13b CRUNTY OF ACCOUNTY OF A	do+
18. 18. 12 wi		West Annual Property	_2,
A hours after death artifem 18. Give Pages 1, suffice along with farm stand 2 with the State Des after death	14 [	ATHER S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 hours not of them I niner's Office pages Hand 2 hours after a		Eugene Benjamin VanVeen Louise Larcombe	
be executed within 24 haurs after death "pending" in penal mrttem 18. Give Page iief Medical Examiner's Office along with unsit permit. File pages tend 2 with the Stalevent within 72 haurs after death		WAS DECEASED EVER IN US ARMED FORCES?  16b SOCIAL SECURITY NO 17 INFORMANT  17 INFORMANT  17 INFORMANT  Brookm  ADDRESS  Benjamin F. Pilson Brookm	ont Md
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	CERTIFICATION	WAS PERFORMED?	YES NO 🎮
This of litter from the form of the tent o		210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, the	
Certif certif cauld les. shauld stan, c	MEDICAL	PRIMARY OR CONTRIBUTING 1 1 HOUR AM 5/25 1969 Took Overdone Librium & Ba	bitoates
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L EXAM secute th Page 4 for your NR: Page		WHILE AT WORK AT WORK OF AT WORK	Montgomu Mel
L EXA L ecute Page or yat or yat id, cre		220. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry X	, and in my opinion
CEPUTY DICAL EXAMINER. Cessary, please execute the cert e funeral director Page 4 shaul may be retained for your files. ILUNERAL DIRECTOR: Page 3 shaul calth prior to burial, cremotian		death resulted from: Natural couses [], Accident [], Suicide [], Homicide [], Undetermined manner [	
ITY DICE  Ty, please e eral director be retained  RAL DIRECTOR  prior to bu		CHIEF MEDICAL EXAMINER	
Al de		ACTUAL SIGNATURE	IGNED
ssary, property of the prior of		EXAMINER'S John G . Ball DEPUTY MEDICAL EXAMINER ADDRESS (Street city town or county) B	126,1969_
TO DEPUTY necessary, the funero 5 may be TO IUNERA Health pr		Appreciation, all, town, a county and	DA, FID.
5	230	DEMONAL (Ferrill)	(County) (Stote)
α Λ	26	Cremation 28 May 69 Cedar Hill Crematory Suitland Md.	THE TAILED
VR AISME IN THE		FUNERAL DIRECTOR  ADDRESS  ADDRESS  250 RECU BY REGISTRAR 250 REGISTRAR 250 RECU BY REGISTRAR 250 REGISTRAR 3.5	and the state of
10M REV 1/68	T	Robert A. Pumphrey Bethesda, Maryland DATAUN 5 1969	17

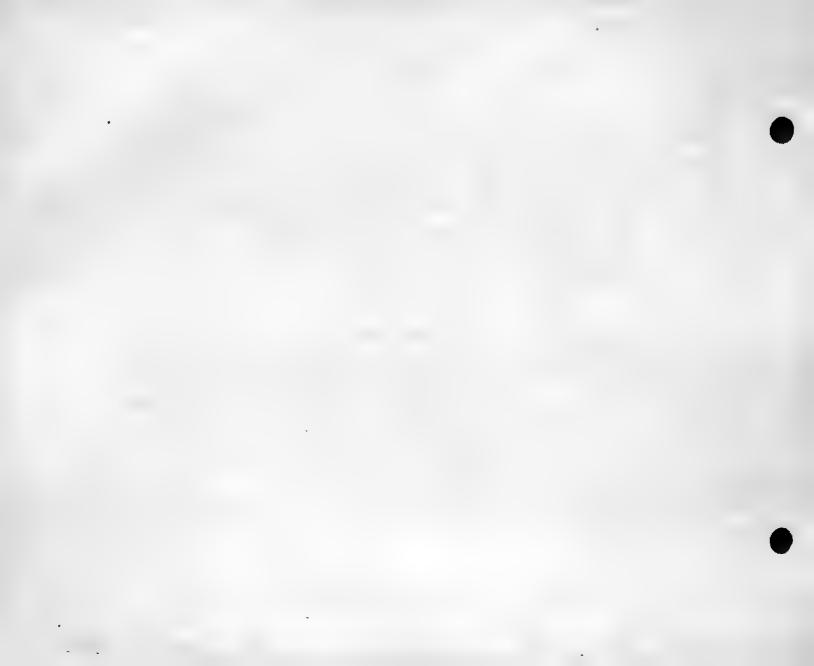


pr. 1	-/-1		07194		DIVISION O	F VITAL RECORDS,	301 W. P		EET, BALTI		RYLAND 212	01		,
ŝ	1		(10.20.2			(	CERTIFIC	CATE OF D	DEATH			U	7190	)
	eath.		ECEASED-NAME Type or print)	First Haywo	od	Middle (NMN)	F	losi rather		2o. DATE OF	DEATH Month 5	Doy 24	Y <b>*8</b> 9	2b. HOUR 2 : OOA M
	hours after death. in by the funeral rs. Pages 1 and 2 thays after death.	3. 5	ex Male		4. RACE			5. DATE OF BIRT			6. AGE (In year last birthday)		NDER I YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN
	18 28 ES	70	BIRTHPLACE (Stote	or foreign	76. CITIZEN OF V	VHAT COUNTRY?	8 ****	PG NEVER MARRI		9 COUNTY OF	1 (44)	FRS.		
	d in boers	cou	<sup>ntry)</sup> Mary la	nd	USA		WIOOWEO		"EUL"		tgomery			Md
	iden be executed within 24 ho iden best campletely filled in lease remove carbon papers, and in any event, within 72h	10	CITY OR TOWN OF (  Olaey	DEATH	11. give	NAME OF HOSPITAL OR IN estreet oddress) Hontgomery	Gene r	,	during me	AL OCCUPATION ost of working anitor	(Kind of work life, even if reti	dona II	25 KINO OF E NDUSTRY	SUSINESS OR
	d w	130	USJAL RESIDENCE	(Where deceos	ed lived, if institu	of on Residence before	- Account		3d INSIDE CITY LI	MITS7 138 ST	REET AND NUMB	ER		
	eve ve eve	odn	ossion) STATE Ma	ryland	13b. COUNTY	Montgomer	y Sand	y Spg.	YES 🔀 NO	D Bc	x 187 S	andy	Sprin	g. Md.
		14.	FATHER S NAME	First	Middle	Lost	1:	S. MOTHER'S MAII		irst	Mid	dle		Lost
	a 是是 /		Irvin		G.	Prather			mie		В.		Prat	her
	hysida n plew		WAS DECEASED EV Yes, no, or unknown	ER IN U.S. ARA	NED FORCES? put on diplos of servece) 1446	16b SOCIAL SECURITY	NO. 17.	INFORMANT			Addr	ress		
	E do	• 1	18 CAUSE OF DI PART I DEA	TH WAS CAUSEL	y one couse per ) BY ,TE CAUSE (o)	line for (a), (b), and (c)	2 /W	INE!	fave	(w)			BETWEEN ON	ATE INTERVAL SET AND DEATH
	t the death the attendii sit permit. nation, ar re		Corlditions, if ony	, which gove )	DUE TO, OR	AS A CONSEQUENCE OF	les or	Stone	Hea	NT BY	were		1 4	
10	physician. signed by the burial-transit burial, cremai	200	rise to immedio stating the unde lost		,	AT J CONSEQUENCE OF	nêng	6-11.	- Ren	w/ Bla	(sear		20	Λ-
2	<u> </u>	N.	PART 2. OTHER S	IGNIFICANT COM	IDITIONS CONTRIB	UTING TO BEAM BUT N	OT RELATED T	O THE TERMINAL	DISEASE OR C					J
1/	bing PHYSICIAN: The law re by the haspital ar attending the this certificate has been be detached far use as the State Dept. at Health prior to	CERTIFICATION	190 DATE OF OPER			HICH OPERATION WAS PE	RFORMED	20o. AUTOPS	NO 🔼	FAUCE	YES, WERE FIND S OF DEATH?	HNGS CONST	OERED IN CE	RTIFYING
	he haspital ar this certificate detached far us a Dept. of Healt	MEDICAL CEI	21o. ACCIDENT W OR CONTRIBUTING (If either, notify i	CAUSE OF DEAT	H HOUR A.M	. Month Day Year	9	OW INJURY OCCU			ry in Port 1 or P	ort 2, Item	18.)	
	the haspital this certificated factored	Thesi	21d INJURY OCCI While Not wo of work of wo		PLACE OF INJURY	AT HOME, FARM, STREET FA OFFICE BUILDING, ETC.	(YORY.) 21f L	OCATION Street	or R.F.D. No.	Crty	or Town	(	ounty	State
	TENDING Inned by th OR: After t auld be de the State	À À	saw the	deceased a	ive an	tended the deceas	901, an	d that in (my	, 19 <b>(a</b> ) <b>(%57)</b> apı	, ta_ inian death	accurred an t	, 19 <b>6</b> 2 he date o		
	OR ATTENI be retained SIRECTOR: A pe 3 shauld ed with the	eared	22b. SIGNATURE	Construction of the constr	74		OEG AM		ME W	AED INTECTOR	STAFF PHYS.	22c. DATE	SIGNED 24	69
		ST S	22d PHYSICIAN S NAME (Type)	Charl	es H. L			22e. ADDR		and	Spr	Cy.	ma	1
	Page 4 may 10 FUNERAL I director, page 5 hauld be fill	230	BURTAL, CREMATIC PEMOVAL (Specify	)N, 23b.	5/27/69		CEMETERY OR	crematory ve Cemet	tony		Vtonsvi		ounty)	(Stote)
	VR A SAU	24	FUNERAL DIRECTOR		Ino	AODRESS		. , -, 7	250 RECD B	Y REGISTRAR	25b. REGIS	TRAR'S SIGI	NATURE	de.



-	07195 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212017 191	
	CERTIFICATE OF DEATH	
4 _ 7 £	1 DECEASED NAME First Middle Jost 20 DATE OF DEATH	2b HOUR
leat and leat	(Type or print) (Lances) Alelson, Praches That Doy Year	0 395M
fun 1 er e	3 SEX 4 RACE S DATE OF BIRTH 6 AGE FIN YEORS IF UNDER I YEAR	IF UNDER 24 HRS
requires that the deoth certificate be executed within 24 hours after death. g physician. It is after death of the attending physician and completely filled in by the funeral e burial transit permit. Then please remove carbon papers. Pages 1 and 2 o burial, cremotion, or removal, and many event, within 72 hours after death.	male (5-7-1894) COST DIVIDION YRS MONTHS DAYS	HOURS MIN
hours in by	70 BIRTHPIACE Stote cysforeign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH	4
4 h 4 22 h 72 h 72 h 7	country) Md. USA WIDOW DIVORCED Montgemerce	MA
filled page	TO CITY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSTITUTION ( F not in hospital 120 USUAL OCCUPATION (K not it work done 12% KIND O	F BUSINESS OR
xecuted within 24 campletely filled i nave carbon paper by event, within 72	BEYNESOLA give street oddress of bolkbar dumprost of working life-even if refired). INDUSTRY	
cuted v emplete	130 USUAL RES DENCE (Where deceosed I ved, if institution Residence before   13c. CITY OR TOWN   13d INSIGE CITY .IM 15?   13e STREET AND NUMBER	
demp ve ve v	odmission) STATE Md 13b. COUNTY antigomery Gaitherstein YES NO Gaitherstein 1	nd.
equires that the deoth certificate be exemply siden. Signed by the attending physician and to burial transit permit. Then please remoburial, cremotion, or removal, and many	14 FATHER'S NAME   First   Middle   Light   S MOTHER'S MAIDEN NAME First   Middle	-051
ag ag ag	Howard Prather Losie Jancaster	2
sido on an	160. WAS DECEASED EVER IN . S. ARMED FORCES?  Yes, no ar whitnown) (If yes give were or drotes of service)  Address	
phy:	7/0 800-03-4384	
ng Ling	I is. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))	ONSET AND DEATH
eoff endr	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Pulnonary edema	
e d affe on,	3970 DUE TO, OR AS A CONSEQUENCE OF	
the suf	Conditions, if only, which gove (b) Acute pericarditis	
tha an. by tran	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
squires the physician signed by buriol tra	lost. (c)	
Phy Phy sigr bur	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Ilaw randing been s the ior to	NO CONTRACTOR OF THE PROPERTY	
The law reottending of the seen see as the the prior to the prior to the the seen seen seen seen seen seen seen se	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CACSES OF DEATH?	ERTIFYING
The rotte a has a use a fifth pr	E 1/0/64 Ca 4 Prostate 18K NO	
ANS of o of o for Hec		
SICI Spirit ed ed ed of	(If either, notify medical examiner) P.M.	
PHYSICIAM: The law rother he hospital or ottending this certificate has been letached for use as the Boept, of Health prior to	21d INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, SARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County White Not white	Stote
The the del	of work — of work — f	
IDING I by t After I be d	220 I certify that (1) (this haspital) attended the deceased from 5/9, 1965, 18 5/2, 1969, the	(1) (we) last
ATTENDING stained by the CTOR: After 1 should be dith the State ith the State	22a I certify that (1) (this haspital) attended the deceased from 5/9, 1969, ta 2/22, 1969, tha saw the deceased give an 1969, and that in (my) (aur) apinian death accurred an the date and have causes stated abave, (1) (we) (did) (did nat) view the bady after death.	and Ram His
AT STOCK WITH WITH WITH WITH WITH WITH WITH WITH	22b, SIGNATURE 22c DATE SIGNED	
OR ATTENIOR STREAM STRE	Richard N. Eduntum MD DEGREE PHYS & MED DIRECTOR PHYS 5/23/69	
TAL Poge e eff	22d PHYSICIAN'S NAME (Type)  A CHARLES ADDRESS  WATER OF THE PHYSICIAN'S ACCURATE A CHARLES AND A CH	
Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	RICHARD II. C DINIBRUM.	nd,
S g S S S S S S S S S S S S S S S S S S	230 BURNIA CREMATON, 23b DATE 23c NAME OF CEMETERY OF CREMATORY BROOKE GROVE CEM. 23d LOCATION (City of Town) (County)  BROOKE GROVE CEM. 1AYTONSVILLE MONTO	(Stote)
2-2-04	LATIONSVILLE, MONT	i. MU
VR AIR	TOTAL STATE OF THE	udge
45M N-69	ROBERT L'. SNOWDEN ROCKVILLE, MD DATE MAY 20 1909	U

MAKTLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07196 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07100.
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN POR Month De	
2 c 8 2	(Type or Print) Kevin Tyrone Pumphrey DEATH MATED 5 30	694:50 AM
de la company de	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years 16 UNDER 14 HRS 20 DATE PRONOUNCED DEAD 10st birthday) 7 YRS 16 JUNES 18 JUN	Year 69 2d HOUR
arm 2 Peps	70 BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   100   10	M
hours ofter death tem 18. Give Poges 1, Office along with farm and 2 with the State Der offer, deoth.	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 12a SUAL OCCUPATION (Kind of work done 12th	b KIND OF BUSINESS OR DUSTRY
hours ofter death tem 18, Give Poggoffice along with and 2 with the Sta	130 USUAL RESIDENCE (Where deceosed fived, if institution: Residence before 13c CITY OR TOWN odmission) STATE Mary land 13b COUNTY Montgomery Sandy Spg. YES No 18514 Brooke 1	Rd.
	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 antimonia	Melvin Pumphrey Joyce Offord Pt  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes give wer or detes of service)  160 Melvin Pumphrey Joyce Offord Pt  ADDRESS	imphrey
should be executed e word "pending" in the Chief Medical E. ournol-transit permit F. in any event within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Lacatation & Maceration & Brain &  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (o).  Stoting the underlying couse (o).  Stoting the underlying couse (ast.)  (c) Travera.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days 5 days
This certificate cate, writing the be forwarded to be used as a burremoval, and removal, and rem	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 term	20. AUTOPSY? YES NO
설득 공연	E PRIMARY OR CONTRIBUTING HOLR AM. 5/251969 Rode Bike in front of Can.	(County State
	WHITE AT WORK	
SSOTY, please executions of the prior to burief.	22a   certify that   taak charge of the remains described obave, held an Autopsy   , Inspection   , Inquiry   , death resulted fram Natural causes   , Accident   , Suicide   , Hamicide   , Undetermined manner   ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   22b DATE SIGNATURE   EXAMINER'S NAME (Type)   ADDRESS(Street, city, town, or county)	and in my opinian
10 D nece the 5 m 70 Fu	Burial 6/3/69 Ash Memorial Cemetery Sandy Spring,	
VR A15ME (5)	ADDRESS ACCEPTED AS REGISTRAR SOLVEN ROCKVILLE, Md. DALIN 4 1969 ST. REGISTRAR SOLVEN ROCKVILLE, Md.	NATURE



	1	1	07197	NAK DIVISION OF VITAL REC	ORDS, 301 W. PRESTON	STREET, BALTIMOR	IN E. MARYLAND 21201 O	מא ו מין
*	•	П	11 4 3 67 6		CERTIFICATE O	F DEATH	,	1183
	€~=2€		DECEASED NAME first (Type or print)	Maddl	e Last	2a. /	DATE OF DEATH	2b. HOUR
	death	L	werma		le Rame	Þy	May 31	1969 1170 M
	S of the second	3.	male b	white	Jale 0	erwary 7, 18	6 (AGE (In years last birthday)	FUNDER 1 YEAR OF UNDER 24 HRS. MONTHS OAYS HOURS MIN
	in 24 haurs filled in by papers. Pe		unfry)	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED 9. COU	NTY OF DEATH	
	24 red 'red 'r		Ohio	U. S. A.		IVORCED [	Montgom	
	cuted within 24 I	ا ا	Censington	Carroll	LOR NSTITUTION (If not in hospit Hall Sanits	arium	IPATION (Kind of Ork done varking life, even if refired ) Retired Cler	26 K NO OF BUSINESS OR INDUSTRY  Merchandia
	e executed within	/ adi	usual RESIDENCE (Where deceased mission) STATE Maryland	lived if nstitution Residence	Georges	YES NO NO	13e STREET AND NUMBER 2600 Queens	Chapel Rd.
	be exectioned to the remaining the first of the contract of th	4	FATHER S NAME Frist Emmett	Ramey	Losi Mame	MAIDEN NAME First Hawkins	, Middle	last
	law requires that the death certificate be executed within 24 haurself inding physician.  been signed by the attending physic on and completely filled in by the burial-transit perm.t. Then please remave carbon papers. Pages in to burial, cremation, ar remaval, and in any event, within 72 haurs at	16	a WAS DECEASED EVER IN U.S. ARMED Yes, na, or unknown) (Il yes give white	ir riotes of service)	CURITY NO 17. INFORMANT 0-7839 Flore		Address	Sister 13e)
	ng p The		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b),				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	deat tend m.t		PART I DEATH WAS CAUSED B	(AUSE (a) Lara	D- vacula	r-renal	disease	years -
	the at the line of		Conditions, if any, which gave )	DUE TO, OR AS A CONSEQUE	NCE OF			· ·
	hat n. yy th ansi		nse to immediate cause (a), ( stating the underlying cause (	(b)	NCE OF			
43	equires the physician. signed by borial-trai		lost.	(c)				
N	equi phy sign buri buri		PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	HNAL DISEASE OR CONDITIO	ON GIVEN IN PART I(a)	
11.	ding ding seen the tro	NO	19a. DATE OF OPERATION 19b COI	Sessel Bessel	psychosin	2 UTODOWN	Look is the Ment Pathwood	<u>Z</u>
4/	N: The law re or attending or attending the has been to use as the ealth priar to	CERTIFICATION	17d. DATE OF OPERATION 176 COL	NDITION FOR WHICH OPERATION	YES YES	UTOPSY?	20b IF YES, WERE FINDINGS C CAUSES OF DEATH!!	ONZIDERED IN CERTIFAING
	ar or			216 TIME OF INJURY			of injury in Part 1 or Part 2	Item 18)
	ital pital trinc d fa af H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day	Year 19	,	-	,
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached for use as the burial-transit perm. Them should be filed with the State Dept. af Health priar to burial, cremation, ar remaval,	NA PAR	While Not white	ACE OF INJURY ( AT HOME, FARM S OFFICE BUILDING,	IREET, FACTORY ) 211. LOCATION S		City or Town	County State
	by the plant of th		22a. I certify that (I) (this saw the deceosed alive	hospital) attended the d	eceased fram May	12,1969,	to May 31, 19	69, that (1) (we) last
	ATTEND etained CTOR: A shauld		causes stated above, (	e an	w the body after death.	( <del>my)</del> (our) opinion d	leath occur <b>led o</b> n the da	te on'd hour and from the
•	retained retained ECTOR: A 3 shauld with the		22b SIGNATURE	A 1.8	F 47772	NDING MED		DATE SIGNED
	DIRE DIRE		Katharine	M. Chapme	an, The GREE PHYS	DIRECTOR	PHYS D 91	me 1,1969
	RAL RAL Per fer fer fer fer fer fer fer fer fer f		22d PHYSICIAN'S NAME (Type) <b>Kathar</b>	ine A. Chapi		ADDRESS	one St Ver	sington, Md.
	O FUNERAL DIRECTOR Page 4 may be r O FUNERAL DIRECTOR, page 3 shauld be filed v	230	BURIA., CREMATION, 23b DAT	E 23c NA	ME OF CEMETERY OR CREMATOR		LOCATION (C ty or Town)	(County) (State)
	Pag Pag Price She	20.	Removal (Specify) 6/2	/69 Blo	omfield Ceme		arta. Ohio	(south) (state)
	VR A15 (4)		FUNERAL DIRECTOR The S.H.Hines	Co. Washir	DRESS D. C.	25a REC D BY REG.S	TRAR 256 REGISTRAR S	SIGNATURE
	45M 1/69		THE Dementines	g	0		1969 9/1/	Y. O .



a 1)	MARYLAND STATE DEPARTMENT OF HEALTH	
VI	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
·	117190 CERTIFICATE OF DEATH 07194	
· 4 _ 7 4	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HC	
death death death	(Type or print) BUCV/E Octes RAMSPU 5 31 69 6	2 M
	SEX A RAFE S DATE OF RIPTH A AGE (In years I FUNDER 14 LANGER LAN	
ages after	MALE. CUNITE 1-28-10 last birthday) YRS. MONTHS DAYS HOURS	MM
haurs of hours hours	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED 9 COUNTY OF DEATH	
4 h	WIDOWED DIVORCED Mantgomery	Md
within 24 haurs after letely filled in by the formation papers. Pages arban papers. Pages nt, within 72 hours afte	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most, of work done)  120. LSJAL OCCUPATION (Kind of work done)	R
ed within	Silver Social Holy Cross	e
ent celes	O USUAL RESIDENCE (Where deceosed lived, if institution Residence before life CITY OR TOWN 13d INSTITUTE 138 STREET AND NUMBER 13b COUNTY 13c INSTITUTE 13b COUNTY 13c INSTITUTE 13b COUNTY 13c INSTITUTE 13b COUNTY 13c INSTITUTE	
	Tho. MONTGOMERY SILVER SPING IN TOLDY GREENOCK TO	
	FATHERS NAME First Middle ? Strock Is. MOTHERS MAIDEN NAME First Middle Lost Charles Charles Strock Is. MOTHERS MAIDEN NAME First Middle Lost	
2 2 2	O WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no or unknown) (1/98 graymar or forgs of service)  570-05-1175  Grah 11-2 - 10114 Cone or 1	- 00
that the death certifi an. by the attending phy transit permit. Then crematian, or remova	APPROXIMATE INTERVAL AND OSA STANTA DAYS LAND OSA STANTA DA ST	
ne death ce ottending p permit. The	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) HEPOTTE Eqilure AWGAGS	,
e de atte	DUE TO, OR AS A CONSEQUENCE OF	
the the notific	Conditions, if ony, which gave rise to immediate couse (o). (b) Retical un cell sal-coma 10 mo	<u>S</u>
tha an. by Tran	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
oquires physici signed burial t	lost. (c)	
oquire physic signed burial burial	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
law re nding been s the ior to	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
e as a se	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item 1B.)	
Thur of the hotel	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port Lar Part 2, Item 1B.)	
PHYSICIAN: e haspital ar his certificate stached for u Dept. of Heal		
PHYSIC s haspit nis certifi tached Dept. of	County   C	to
PHYSICI the haspit this certif detached e Dept. af	While Not while ( OEEICE BUILOING, ETC.	10
2 2 0	22a. I certify that (I) (this hospital) attended the deceased from 5 pt., 1968, to 16775, 1967, that (I) (we	Inst
	saw the deceased glive an 1967, and that if (my) (our) opinion death accurred on the date and hour and from	n the
S S S S S S S S S S S S S S S S S S S	couses stated abave, (1) ( <del>we)</del> (did) ( <del>did not) v</del> iew the bady after death	
OR ATTENT DIRECTOR: A pp 3 shauld ed with the	22b. SIGNALINE DEGREE ATTENDING MED. STAFF 22c DATE SIGNED STAFF PHYS. DIRECTOR PHYS.	>
rat o	22d PHYSICANS 22e. ADDREK	
<u>-</u> ∠ √ ′ ⊃	NAME (1996) G. Lennard Gold 9801-Ga. Ave. Silver Spring. Marylan	d
O HOSP Page 4 1 O FUNEI director	BO BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  REMOVAL (Specify) C 23c NAME OF CEMETERY OR CREMATORY  23d LOCATION (City or Town) (County) (State)	
2 2 2	REMOVAL(Specify) Case 3, 1969   Markland Cornet any Constant 250 RECIDENT REGISTRAR'S SIGNATURE	
30M REV 168	Course & Pariphrey & 2.5 200 m miles de de la partilla 3 1969 Colombia Judge	



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		07199	DIVISION OF	VITAL RECORDS	, 301 W. PRE	STON STREET, BAI	LTIMORE, MARYLAI	ND 21201		
					<b>CERTIFICA</b>	TE OF DEATH				
4 124	i D	ECEASED NAME FO	rst'	Middle	1	Lost /	20 DATE OF DEATH		<del>)7195</del>	2b HOUR-
ge de la company	(	Type or pnnt)	wy	D.	Kea	ding		onth Doy	1999	123
直	3 5	EX	4 RACE	1.6	S	DATE OF BIRTH	6,38			F JNDER 24 HRS.
S of S of S	12	Male	11/6	wite		1/12/	94 1	- YRS	MONTHS DAYS	HOURS MIN
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Terren		18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y ane cause per li DBY.	ne far (a), (b) and (c)	1 .	1 . 1.			BETWEEN CINS	SFT AND DEATH
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ast the state of t		rise to immediate couse (a),			de and	eviosila	105	- I'V	143	115
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ysire ynec			(c)	TINO TO BEATH OUR IN	OT BUILTON TO T					
o signatura		PART 2 OTHER SIGNIFICANT CON	DILIONZ COMIKIRA	HNG TO DEATH BUT N	OI KELATED TO T	HE FERMINAL DISEASE O	RCONDITH	ON GIVEN IN PART I(a)		
or the day	2	19a DATE OF OPERATION 119b. (	ONDITION COD WILL	ICH OPERATION WAS PE	DEODMED	20a AUTOPSY?		20b IF YES, WERE FINDINGS	CONCIDED IN CER	TIPUMA
The 'aw ra attending hos been se as the th prior to	CERTIFICATION	TO DATE OF OPERATION 178.	CONDITION FOR WITH	ILIT OFERALION WAS FE	KFOKMED			CAUSES OF DEATH?	ONSIDERED IN CER	TIETING
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fico fico He	ਭ	OR CONTR BUTING CAUSE OF DEATH	HOUR A.M.	Manth Day Year		INJUNI OCCORNED (EN	ITER TIGILITE	to injury in run 1 or run 2,	nem to.)	
PHYSICIAN: The e hospitol or attensive control or attensive hospitation of the bospitation of Health property.	MEDICAL	(If either, notify medical examin	er) P.M	AT HOME FARM STREET FA		TION Street or D.C.D. I	Me.	City or Town	Caunty	State
5 PHYSICIAI the hospitol this cerrifical detached fou		at wark at wark				TION Street or R.F.D. I		,		
ING by 1 ffer be obe		22a. I certify that(1) (thi saw the deceased al causes staked above	s haspital) ptte	ended the deceas	ed framE	-eli , 19	67.	to le 18xxx, 19	67 , that (	(we) last
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Ta dai da		22b SIGNATURE	, (i) (we) (ala)	(ala hai) view me	bady after dec	JES1.			DATE SIGNED	
OR ATTENDING be retained by the DIRECTOR: After 1 g 3 should be d ed with the Stote	ı	11-1	In Mili		DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF STAFF	5 6 69	>
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Page 4 moy be retained by the hospital. The law re Page 4 moy be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		NAME (Type) JOHA		JAM BIN			orto	IK Ax., Be	flus da,	rnet.
HO Gge	23a	BUR AL, (REMATION, 236 D			CEMETERY OR CR			LOCATION (City or Town)	(County)	(State)
5-5-1	24	FARTAL DIRECTOR	-8-69	Ceda	r Hill	Cemetery		uitland, M		<u> </u>
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fit	Ttems 18&22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	17206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 075	202
HEALTH DEPT.	(Type or Print) PAZA CZ Y	yoy Year 2b HOUR
Poge 13 to 15	Weller Louis Roberts DEATH MATED (A)	2 69 10:55
a g g g	Male White Start 1,1916 33 yrs. Start of Birth Months Days Hours Min Month 5 Day 2	Year 1969 10:55
farm P	76 BIRTHPLACE (Store or foreign   76. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   10 COUNTRY   10 COUNTR	Md
of er death ny of or design of or death form P with the Stote Department of the stote of t		26 KIND OF BUSINESS OR IDUSTRY
s ofter 18 Give 2 with the	130 USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER odmission) STATE TAYLAND 13b COUNTY Montgomery Takoma Pk YES NO 7701 Eastern Av	re
24 hours a in Item 18 ris Office of set 1 ond 2 with sets offer dec	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 h 1 life 1 s O s S O s S O s S O s O s O s O s O s	John Roberts Beulah W	atson
hin 24 ncil in niner's pages hours	16b. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  (Yes, no. or applying with a fine and applying of security)	
Exam Exam File p	(Yes, no, ar unknown) (if yes give wor or dates of service) 578-20-8399 Pearl S&lba (Sister)	ADDOMINATE INTERVA
be executed "pending" in nief Medicol E. nsit permit F.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PARI DEATH WAS CAUSED BY Lobar pneumonia, right lung	APPROXIMATE INTERVA.  BETWEEN ONSET AND DEATH
be executed "pending" in hief Medical ansit permit event within	571, 9 DUE TO, DR AS A CONSEQUENCE OF	
pe e e f h ef h sit	(Conditions, if ony, which gave ) Fatty liver	
t Pla	rise to immediate cause (a), (b) Stating the underlying cause (c), DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief I burial-transit	lost. (c)	
事 中	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rifica riting rarder rarder rarder vol. a	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
is certific forwards forwards e used os	190. DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  216. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Parl 1 or Parl 2, Item	YES NO
	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A.M.	
INER: T e certific should b files. 3 should	PRIMARY OF CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M 19  21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCAL ON Street or R.F.D. No. City or Jown	County State
≥ £ ← − ~ E	WHILE NOT WHILE foctory, office building, etc.)	coon   Jidio
ICAL E e executor. Por ed for CTOR: f burnol,	22a   certify that / laak charge af the remains described abave, held an Autapsy , Inspection , Inquiry	and in my apinian
olca elease est director. elained DIRECTO	death resulted from Natural causes 2, Accident . Suicide ., Homicide ., Undetermined manner	]
JIY SICAL EXAL  Ty, please execute tend director. Page to be retained for your RAL DIRECTOR: Page prior to buriol, cre	ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGNATURE 22b. DATE SIGNATURE	GNFD
EPUTY SSSATY, P funeral oy be re JNERAL Ith prio	DEPUTY MEDICAL EXAMINED	10/0
ro DEPUTY necessary, the funero 5 may be 70 FUNERA! Health pr	NAME (Type) SELDEN / NEAD M. CADRESS SAFER ON CONSUMENT AND MESS SAFER ON CONSUMENT AN	,1767
necenter the Sm. 5 m. Keal	23a BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETALY OR CREMATORY 23d. LOCATION (City or Town) (6	Gunty) (State)
	REMOVAL (Spectry)  Burial May 5, 1963 Springhill Baptist Ruckersville  24 FUNERAL DIRECTOR 114 Undasting 150 APDRESS 3 raddock (See REC BY REG STRAR 25b REGISTRAR 5 SIG	, Va.
VR A15ME (5) 10M REV 1/68	24 FUNERAL DIRECTOR PART LY - Wheatley 1500 DAPERSS 3 raddock 250 REG STRAR 3 SIGN ALLES Alexandria. Va. DARE 7 1969 POLICE PART 1969	C



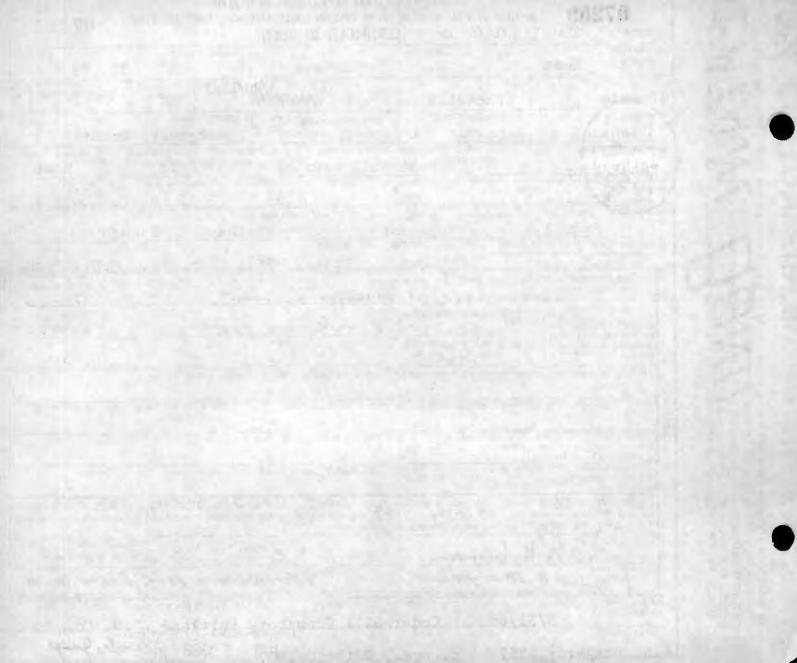
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	fun fun i her c	3 S		4. RACE		5. DATE OF BIRTH	6 AGE (In years	IF JINDER TYEAR IF UNDER 24 HRS
	within 24 hours after death.  y fulled in by the funeral coppers. Pages 1 and 2 within 72 hours after death.	L	Female	Negr	Ö.	10-20-		MONTHS DAYS HOURS MIN
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	il je sile	0	TITY OR TOWN OF DEATH	11 NAME OF			UAL OCCURATION (Kind of work done most of work page)	12b KIND OF BUSINESS OR INDUSTRY
	N PER S		BOCKUITE	1767	Loam	Jalieu NUIS MAL	) WOVICORD	MOOSIK!
	requires that the death certificate be executed within 24 hours after death g physicion.  I signed by the ottending physicion and company fulled in by the funeral e buriol-transit permit. Then please remark anticop papers. Pages 1 and 2 oburiol, cremation, or removal, and in any executivity in 72 hours after death.	odn	USUAL RESIDENCE (Where deceased ission) STATE	J3b. COUNTY	esidence before	3c CITY OR JOWN 3d NS.DE CTY	NO 138 STREET AND NUMBER	clar of Aug ()(1)
	ond co	14	FATHER'S NAME First	Middle	Lost	IS MOTHER'S MAIDEN NAME	First Middle	tool
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_	on d	160	WAS DECEASED EVER IN U.S. ARME		SOC AL SECUR TY NO	17 INFORMANT	Address	7
	physicion of the please of the		es, po or unbeown) (If yes give war	ar dates of service)		ISAI/AI	4 ROBINSON	
	he death cer e ottending p permit. The		1B. CAUSE OF DEATH (Enter only	one couse per lue for	(a) (b) egd (c).)	10000	0 11 .	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	endi mit. or r	L	PART I DEATH WAS CAUSED IMMEO.ATI	CAUSE (o)	upe (	Cottonau, Or	2874SICICILES.	1004
	oth oth peri		4111		ONSEQUENCE OF	o de de	16.0.01	
	the the ssift proti		Conditions, if any, which gave a rise to immediate couse (a).	(b) 70	WILL	ezed certer	10) CREWING	15 45
	troi troi crei		stating the underlying couse	DUE TO, OR AS A CO	ONSEQUENCE OF			
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	ote off		210 ACCIDENT WAS UNDERLYING	216 TIME OF NUE		21c HOW INJURY OCCURRED (Ent	er nature of injury in Port I or Port 2,	Item (B.)
	d filling of the state of the s	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)		nth Doy Yeor			
	ung PHYSICIAI by the hospital fler this certifica be detoched for state Dept. of He	2	21d INJURY OCCURRED 21e Po	LACE OF INJURY (AT HOP OFFICE	HE FARM STREET, FACTO	RY ) 21f LOCATION Street or R.F.D. No	o City or Town	County State
	the this det		of work of work			1119	dalis	2
	by Stoll	П	22a. I certify that (I) (this		the deceased	fram 4/21/6,19	, to/ 7/G/	that (1) (we) Tast
	ATTEND etained CTOR: A should vith the		saw the deceased aliv causes stated abave,	(I) (sue) (dud) (d d r	not) wew the bo	, and that in (my) (оыт) ap idy after death.	pinian death occurred an the d	ate and haur and from the
	R AT refo		22b SIGNATURE	17	Dage	///ATTEND NG	MED STAFF	DATE SIGNED
	y be y be lifted filed		22d. PHYSICIAN'S 2		E - 1 50 X	DEGREE PHYS	DIRECTOR PHYS .	2/9/12/
	SPITA 4 mo 4ERA 1 or, p		NAME (Type)	10,00	RUGB	8 MO 5443	Cartane	Bellestally.
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	MAKTLANU STATE DEPAKTMENT OF HEALTH	
500 07477	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	Mark as a
FOR STATE		7204
HEALTH DEPT.	1 DECEASED NAME (Type or Prnt) LULA MAY ROVSTON 20 DATE KNOWN Month Doy OF ESTI- 5-1	7 169 1 Z
ny deloy is 1, 2, and 3 to m PM3. Page Department of	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years JUNDER 3 VEAR F UNDER 24 HRS 2c DATE PRONOUNCED DEAD	Year 69 2d AOUR
ny delo 2, and PM3. P	7e Cauc 8/12/85 83 yrs. MONTHS DAYS MAN MOST - PET -	Year 169 2 PM
far	70 BIRTHPLACE (State or foreign 70 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9 COUNTY OF DEATH COUNTRY)   WIDOWED DIVORCED   1 MILLION OR	// Md.
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er de Sive P ng wi	130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 130 CITY OR TOWN   13d. MSIDE CTY LIMITY?   13e. STREET AND NUMBER	Hurl.
Se Si	admission) STATE med 13b COUNTY monty, Burtonsinks YES NO 3929 SANDY .	SPRING RO
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es —	1B. CAUSE OF DEATH (Enter only one couse per live to (o), (b), cnc/(c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  CONTRACT  IMMEDIATE CAUSE (o)	BETWEEN ONSET AND DEATH
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is certifii te, writin forward forward e used a removol,	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his cert: ate, writ te forwal be used r removo	WAS PERFORMED?	YES NO
# _ 20 0	210 EXTERNAL CAUSE WAS 215 T ME OF INJURY Month, Doy, Year 1 OR CONTRIBUTING HOUR A.M. 19	IB.)
INER: ne certifi shauld files. 3 should notian, a	₹ 21d INJURY OCCURRED 21e PLACE OF NUJRY (At hame, form, street, 21f LOCATION Street or R.F.D. No (dy or Town C	aunty State
L EXAMINER: ecute the certi Poge 4 shauld ar your files. R. Poge 3 shou al, cremotian,	WHILE MOT WHILE foctory, office building, etc.)	
ICAL E sector for. Po ed far CTOR: burial,	22a. I certify that I taak charge of the remains described above hold an Autopsy , Inspection , Inquiry ,	and in my opin on
please e l' director retained . DIRECT or to bu	death resulted from Notural couses (Codent ), Suicide [], Hamicide [], Undefermined manner []	
Ty please and directs are retaine (AL DIREC	ACTUAL SIGNATURE CAL EXAMINER 22b. DATE SIGN	NED
	EXAMINER'S D DEPUTY MEDICAL EXAMINER A MANAGEMENT OF THE PROPERTY OF THE PROPE	-1010
	NAME (Type) BELDEN X EAG (M) ADDISTRUCTURE COUNTY / / /	,1767
0	230 BOR AL (REMATION, 236 DATE) 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Colombian Manual Specify) 5/20/69 Ft Linealn Colombian Manual	unty) (State)
WB 41545 A	24 FUYERAL DIRECTOR ADDRESS JOSO. REC D BY REGISTRAR 256 REGISTRAR S, S GN	
VR A15ME (\$) 10M REV 1/08	Olanaldran Preneral Hame Karyey DAMAY 2 2 1963 Milliante	1 market



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1			Items5&7 FilmGul		, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	07205
	- 2 -		DECEASED-NAME First	Middle	Last	La part of activity	
	rol nd sath		(Type or print) Emma	A.	Ruebsam	2a. DATE OF DEATH Nonth Day	2b. Hour
	une l o	3.		4. RACE		The state of the s	
	ors after death.  Trages I and 2  wrs after death.		Female	Caucasian	Unknown		IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
•	within 24 hours after death the funeral both every Pages I and within 72 hours after death	-		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		(0)	<sup>untry)</sup> Canada	VIANTONO USA	WIDOWED NEVER MARRIED DIVORCED	Montgomery Co	nintv
	5 6 4 5	10.	CITY OR TOWN OF DEATH	111 NAME DE HOSPITAL OR IN	ISTITUTION (If not in hospital 12a. USU)	AL OCCUPATION (Kind of work done	TIME WIND OF BUILDINGS
	1	)	Kensington	give street address) Carrol1	Hall Nursing m	Housewife even if retired.)	INDUSTRY Home
	complete ove carb	130 adr	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY U	IMITS? 13e. STREET AND NUMBER	
	e execute ond comp remove		nission) STATE Wash, DC	V		<sup>o□</sup>   5415 Conn.,	AVe N.W.
	ond rem	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F		Last
	ian ase	16	Samue 1  D. WAS DECEASED EVER IN U.S. ARME	Wegena D FORCES? 166. SOCIAL SECURITY	St Mar	rtha Bowma	ın
	certificate be executed physician and comple hen please remove ca noval, and in any event	1,0	Yes, no, or unknown)   (If yes give wer	or dates of service)  Unknown		Address	7 747 747 - 7
	Then hen	-	T	ane couse per line far (a), (b), and (c)		15 Conn Ave., N	APPROXIMATE INTERVAL
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6	g physici g physici n signed buriol-		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
0	fow inding beer so the rior to	No.	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO.	NCIDEDED IN CERTIFICATION
9	IAN: The low retailed or of the constant of th	CERTIFICATION	170.00	THE TON THE WINDS OF EARTHOR WAS TO	YES NO	CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	5 9 7 6			2100 11000 01 1100000		nature of injury in Part 1 or Part 2, Ite	em 18.)
	pitol pitol d fo of H	DICAL	OR CONTRIBUTING CAUSE OF DEATH	r) HOUR A.M. Month Day Year	9		,
	OR ATTENDING PHYSICIAN: The low no retained by the hospitol or attending INRECTOR; After this certificate hos been e 3 should be detached for use as the sed with the State Dept. of Health prior to	素		LACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R.F.D. No.	City or Tawn	County State
	the detector		ul wark at wark				
	be Sto		220. I certify that (1) this	haspitol) attended the deceas	ed from Sept , 195	3, to 30 may, 195	59, that (1) (we) last
	ATTENDING Stained by CTOR: After should be with the Stol	1	causes stated above	(I) (we) (did) (did not) view the	ed from Sept , 195 1962, and that in (my) (our) opi body after death.	nian accurred an the date	e and hour and from the
	OR ATTENDIN be retained by DIRECTOR: Afte e 3 should be ed with the Sto		22b. SIGNATURE	1. 1		220.00	ATE SIGNED
	DIR DIR	7	Oth	n Veyna-	DEGREE PHYS.	IRECTOR 🗀 PHYS. 🗀 🗀	5-31-69
	RAL RAL		22d. PHYSICIAN'S NAME (Type) JUNION	mwymm	22e. ADDRESS	PRALLE ATE. B.	these me
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the Store	730	BURIAL, CREMATION 23b. DA		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	
	Pag O File dire	230	DEMOVAL /Consider)				(County) (State)
	1 0/0 1	24.	FUNERAL DIRECTOR	ADDRESS	r Hill Cremator	Y REGISTRAR 25b. REGISTRAR'S S	ignature , Md
	45M - V 6	R	.A. Pumphrey	7557 Wisc. Ave	RethesdaDAMAN	5 1968 golion	les Joudge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07210 07206 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR 24 haurs after death. (Type or print) Month Campbell Day GRACE KUSSELL 40 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YUAR IF UNDER 24 HRS CAU. last birthday) HÖURS in by the Page D +EMALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. ENGLAND WIDOWED X DIVORCED MONTGOMERY physician and campletely-filled en please remove carban pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR give street address) GROSUENOR LANS during most of working life, even if retired.) INDUSTRY DETHESDA NURSING & CONUMESCON CENTR HOUSE WIFE and in any, event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13d. HISIDE CITY LIMITS? requires that the death certificate be executed 13 COUNTY OF COLUMBIA WASHINGTON 194h 5T YES 3200 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Last WILLIAM LIDSTONIE ELEMA 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Son Yes, go, or unknown) (If yes give war or dates of service) 220-44-8242 Same as Item 13. remaval, Russel attending p APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (e). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the this certificate has been Health priar ta OR ATTENDING PHYSICIAN: The law 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO D use YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year Dept. of (If either, notify medical examiner) detached 21d INTURY OCCURRED 2)e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, )
OFFICE BUILDING, EYC. 21f. LOCATION Street or R.F.D. No. City or Town County State While Mat while m be retained by the at wark of work State TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram. 3/4 1969, and that if (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased alive an\_ be filed with the causes stated above, (1) (we) (did ) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING PHYS. DIRECTOR TO HOSPITAL O HYSICIAN'S 22e. ADDRESS MAME (Type) director, shauld by 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Washington, Congressional Cem. 5-8-69 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 Pumphrey, Bethesda, Maryland, 1969

